

IM SPECIALIST – Special Fees- Updated 01/01/2019

Thank you for choosing us as your primary care provider. We are committed to providing you with quality and affordable health care. Please read and initial the spaces provided. A copy will be provided to you upon request. **PLEASE READ CAREFULLY**

The following is a detailed list of the fees that IM Specialist charges that is above and beyond the office visit co-pay. Because some of our patients have had questions regarding our fees, we have developed this information sheet. Please read it, ask us any questions you may have. Please sign and initial the spaces provided. A copy will be provided to you upon request.

Form fees. We will be more than happy to complete any type of paperwork or letters you may need for various reasons (insurance forms, disability, statement of health etc.) An office visit **will be required** to complete these forms, your co-pay (if applicable) and form fee are due at time of service. IM Specialist does not bill or place accounts on a payment plan for these services. There is no charge for handicapped parking forms or excuse for jury duty letters.

\$50.00	Initial FMLA, FMLA Updates, Letters for reporting medical status/statement of current health
\$45.00	Sports Physical Fee
\$75.00	Disability Forms, Motorized Scooter Assessments

Initial _____

Medical Records. As a courtesy to you, IM Specialist does not charge for releasing your medical records to physicians and/or specialists. We will release only the most recent notes, labs and x-rays. IM Specialist will not release records we received from another physician or hospital unless specifically requested. Any release of information **MUST** have a signed release. Once payment and/or signed authorization is received, your records will be released within 7 business days. Most insurance companies and lawyers will pay this fee upfront to us. Our charges are:

\$6.50	CD of medical records for personal use to patient
\$40.00	Lawyer request, life insurance companies etc.

Initial _____

I have read and understand the IM Specialist special fees form and agree to abide by its guidelines. If non-English speaking please sign below stating that you have had the above information translated for you and agree to abide by its guidelines.

Signature of patient or responsible party

Date