



**CONSENT FOR FEES OF NON-COVERED SERVICES**

I understand that the below mentioned our non-covered services for which my insurance carrier cannot be billed.

I agree to be financially liable for any payments incurred for these services.

**List of Applicable Fees**

Paperwork: \$15.00 (each)

Jury Duty letter /form: \$10.00

Medical Records: \$15.00

Controlled RX refills: \$15.00 (each)

Lost RX: \$15.00

Returned check: \$25.00

Late cancel / reschedule (within 24 hrs) or missed appointment

MD: \$30.00

Therapy: \$75.00

Patient's Name : \_\_\_\_\_

Patient's/Parent Signature \_\_\_\_\_

Date : \_\_\_\_\_