

North Scottsdale Internal Medicine Consent to Annual Administrative Fee

North Scottsdale Internal Medicine strives to provide you with innovative, comprehensive and compassionate medical care. In order to continue to provide this and handle non-covered & excluded administrative expenses, we now charge an annual administrative fee.

This fee is only for non medical and/or administrative services not covered by insurance companies. This is NOT to provide concierge style services or any medical service as covered by your insurance company.

The annual administrative fee of \$60 (if age 25 and older) or \$30 (if age 24 or younger) is due at your first appointment & annually thereafter until we are notified in writing that you are leaving our practice. If the fee is not paid, this may result in termination of services / care. This is not required for our patients on AHCCCS – AZ state Medicaid. If you have a financial hardship that would make you unable to pay the fee, you may make an appointment with the office manager to discuss options prior to your appointment. We may change this fee & form at any time.

In the past, we use to charge separate fees for certain items; this will no longer be needed. Depending on your health plan, non-covered and excluded services may or may not include:

1. Completion of outside forms / documents such as
 - a. Family Medical Leave Act
 - b. Return to Work forms
 - c. Excuse From Work forms
 - d. School forms
 - e. Processing forms
2. Copying of medical records (up to 50 pages) (other than as required by law)
3. Obtaining and processing your prior and /or outside medical records
4. Copies of your lab results from our testing
5. Automated appointment reminders

For our patients and their immediate family the fee also provides you with following at your office visit:

1. Bottled water
2. Coffee
3. Wi-Fi access (on a secured, guest platform) (password / instructions available in office)
4. Patient Portal – Encrypted and secured internet based communication with our office for chart / lab review

Separately, please note our office has:

1. Full Electronic Medical Records
2. E-Prescribing - Electronic processing and management of prescriptions directly to your pharmacy
3. Electronic retrieval of diagnostics i.e. lab and imaging results
4. Electronic retrieval of your hospital records from our affiliated hospitals

We realize this may be something you would rather not be burdened with, however we truly feel we cannot provide you with the level of service we strive to deliver without this fee. If you feel our services do not justify this, we regret to hear that and will help find you a new medical provider if you so desire.

Receipt of acknowledgment of this notice and our annual fee:

I, (print name), _____, understand that this fee is for non-covered, excluded administrative costs. This cannot be billed to my insurance. Not all offices have these fees and I may decline this fee and choose a different office for my care.

Signature

Date