

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/ 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.

Starting in 2010, 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 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

Separately, our office also provides:

1. Patient Portal - Internet based communication with our office
2. Electronic medical records
3. E-Prescribing - Electronic processing and management of prescriptions
4. Electronic retrieval and processing of diagnostics i.e. lab and imaging results
5. Electronic retrieval and processing 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 delivery. 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 acknowledgement of this notice and our annual fee:

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

Signature

Date

If not self, your relationship to person: _____