

Comprehensive Internal Medicine

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Certified Physician's Assistant

Certified Nurse Practitioner

Administrative Services

Our office collects an optional **Administrative Fee of \$100 annually**. The fee will provide unlimited use of administrative services. The Administrative Fee is intended to cover administrative services we provide but may not be covered by your insurance company such as maintaining your medical health records, reviewing laboratory and radiology reports and reviewing data and records from referring providers. **You are not required to pay the Administrative Fee, however, if you choose not to pay it you will be charges for all non-covered administrative services, as needed.**

Administrative Services with associated fees are as follows:

- Bio-metric screening form fee: \$25 or Bio-metric screening form fee with Office visit: \$15
- Lost prescriptions: **\$15 Per Prescription**
- Completion of all patient request forms, letters or any information requiring a physician's review and signature, which include, but not limited to foreign travel documents, adoption forms, camp and school forms, FMLA (Family Medical Leave Act) forms: **\$75 Per Form**
- Requests for computer generated forms which includes but not limited to, statement of payments, reprint of claims, and reprint of statements: **\$15 Per Form**
- Calls made to a provider at Comprehensive Internal Medicine after normal business hour: **\$15 Per Call (Please note this fee will be waived if subsequently you are seen in the office by your doctor.)**
- Lab tests that are requested by an outside physician: **\$25**

I choose to pay the annual Administrative Services Fee of \$100

Print Name

____/____/_____
Date

Signature

I choose NOT to pay for the annual Administrative Services fee at this time. I understand that the services listed above are included in the Administrative Services fee and if I elect not to pay the Administrative Services fee that I will be responsible for payment of the services as I need them.

Print Name

____/____/_____
Date

Signature