

DENNIS GLICK, MD

Schedule of Fees – Revised 11/12/15

Cancelled/missed appointments for new patients: A patient who has not been seen before in this practice who wants to reschedule a first appointment that was either missed or cancelled with less than 48 hours notice will be assessed a fee of \$100. This fee will need to be collected over the phone, received via mail, or dropped off in person before another new appointment can be scheduled.

Cancelled/missed appointments for returning patients: If you give less than 24 hours' notice that you will not be able to attend your appointment, you will be charged a late cancellation fee of \$50. Exceptions to this policy will be made only in the case of an acute medical problem. This fee must be paid prior to scheduling the next appointment. A credit card (Visa or MasterCard) payment may be taken over the phone. Appointments that are missed without any notice will also be charged the \$50 fee.

Patients who miss three appointments in a calendar year will be discharged from the practice.

Medical Records: We requires a minimum of 3 business days' notice if you are requesting medical records to be sent or picked up at the office. A valid release of information form must be signed in person and a photo ID must be presented for verification of identity. A fee will be collected prior to release of any records. The fee includes a preparation charge of \$15 as well as a charge per page to copy. An additional fee of \$5 may apply to mail the records.

Disability paperwork: Dr. Glick will complete disability paperwork at a minimum fee of \$100. Paperwork will not be released to appropriate party until payment is made in full.

Form Fees: There will be a minimum charge of \$25 for completion of each form.

Letter Fees: Fees for providing letters will be determined by the time necessary to review records and produce the letter. Payment must be made in full prior to release of the letter. Dr. Glick's current hourly fee is \$300.

Mailing of Prescriptions: Any prescription that you or your guardian requests to be mailed will incur a \$5 fee.

Signature of Patient or Patient's Guardian

Date of Signature