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As a courtesy, we would like to provide you with a list of charges you will be required to pay while you are a patient at our practice:

- 1- Copay / Deductible / Co-Insurance / Non-Covered Services
- 2- Balances on your account (current and past due)
- 3- \$5 (Cash) each Form (“blue” immunization, sports physicals, daycare, etc. when requested at times other than appt.)
- 4- \$25 FMLA paperwork
- 5- Medical Records (\$6.50 flat fee)

As these are the most common reasons for payment, there may be additional fees you acquire. We appreciate the opportunity to care for your child.

Thank you,

Pediatrics Plus, PC

Signature: _____