

Westchester Pediatrics L.L.C. Office Charges

Dear Parents:

These charges are **not** “Covered Services” by your child’s insurance company. Therefore, these fees are not reimbursable by your insurance company.

Form(s) to be completed by a physician	\$25
Letters	\$25
Duplicate copy of School Entry Health Exam Form (DH3040)	\$25
Duplicate of controlled substance prescription	\$10
Bounced Check	\$30 and up
Copy of the 1 st 25 pages of a medical record	\$1/page
Each additional page	.25¢/page
Ear Piercing	\$55
Repeat of PPD test due to parent failure to return to recheck test within 48hrs-72hrs	\$30
Refusal of a prepared vaccine(s) or injectable medication after parent/legal guardian consent	charge depends on vaccine/injectable
Aerosol mask	\$15
Notary service (only for office related services)	\$25
Cancellation or rescheduling of an appointment on day of/No Show Fee	\$25
Split of vaccines as per parent(s) request	\$30
Convenience Fee~ <i>Westchester Pediatrics Lab Order(s)</i>	\$10
Convenience Fee~ <i>Specialist/ Other Lab Order(s)</i>	\$30
Parent/patient who desires Westchester Pediatrics, LLC to draw blood understands that they will be charged a convenience fee. It is understood that this convenience fee is not for the drawing and handling of the patient’s blood, but rather for the convenience of performing it in our office.	

By means of my signature, I acknowledge that I have read, understand, and agree with each office charge.

Signature of Parent or Legal Guardian

Date

Signature of 18yr and over Patient

Name of Patient

DOB