

Pediatric Associates of Ocala - Office Fees

As listed in our demographics, the below fees are patient responsibilities:

*** No Call No Show Fee**

A **\$50.00 office fee** will be charged for any appointment that is missed which is not canceled and/or rescheduled prior to the original appointment time.

We do ask for your courtesy 24 hours in advance if you are unable to keep a appointment.

***After Hours Phone Consultations**

All after hours phone calls are subject to a **\$20.00 fee** (effective November 1, 2021)
This charge is not reimbursed through any insurance plan and is also mentioned on our voicemail.

***Form and Letter request fee** (updated June 2021)

Any form or letter requiring a physician's signature and/or requiring physician documentation of medical information will be subject to a **\$5.00 fee per request** (One physical and shot record are given at your annual well child visit per year at no cost)
FMLA Forms and Handicap Forms are subject to a \$20.00 fee due to complexity of documents needed to complete these packets for our patients and/or families.

***Service Fee**

Payment for services performed are due at time of service. If not, a **\$10.00 service fee** will be added.

***Insurance Denials**

Please note, our office bills your insurance as a courtesy. If you're insurance denies a claim for any reason other than an office error on our part, you are responsible for clearing up the issue with your insurance company **within** a timely manner. If not, balances will be the patient's responsibility in full.

***Well and Sick / Same day Appointments**

When any patient is scheduled for a well appointment and is also seen for any unrelated issue, you may be subject to additional billing per your insurance for a sick visit on the same day. It will be the member's responsibility if any copay, coinsurance, and/or deductible are applied.