
7451 Mason-Montgomery Road - Suite C
MASON, OH 45040

Dear Patient:

We constantly strive to provide a high quality of service to each and every one of our patients. In order to do so, four years ago, we instituted a modest voluntary administrative fee schedule, by which patients paid separately for each of a number of non-covered services they might request. We took this action so we could continue our commitment to providing excellent care without changing our personal practice style. Unfortunately, many of you found the rules that associated fees that applied to each non-covered service to be confusing.

We are writing to you today to let you know that we are moving to what we feel is a simpler and clearer approach. We want a system that recognizes the need for us to devote time and resources to preparing forms you may request from time to time but which are not covered medical services. We want to keep it simple. We want to make it affordable.

Therefore, effective January 31, 2008, patients may elect to pay a yearly administrative fee of \$50 per individual, or \$90 per family, by February 29, 2008. These fees will cover the non-covered medical services (considered by health insurance companies with whom our practice contracts) such as letters, forms, disability and leave of absence forms and missed appointment fees, as well as some prescription services such as chronic illness care refill services.

Those who pay the annual administrative fee will be entitled to these administrative, non-covered services. Please keep in mind this fee in no way implies that all care can be given by phone.

If you prefer not to pay this one-time yearly administrative fee, then you must make arrangements with our office to pay for all non-covered services **prior** to the time the services are requested or provided. In addition, if you elect to pay on this basis, certain non-covered services may require that you schedule a visit to come to our office for those services. Fees for non-covered services will vary between \$40 and \$60, depending on the nature of the service and the complexity of the request.

By participating in this program, our patients confirm that they have received both obvious time and cost savings benefits. As always, we would like to have any written comments from you that would help us evaluate and improve our services to you. We are confident that you will find this new approach an improvement, and look forward to continuing to provide quality care to you and your families this coming year.

Please sign below that you have read and agreed to the information in this letter, and return the signed agreement with payment. **If you do not respond**, we will treat you as having declined the one-time yearly fee option and as having elected to pay for non-covered services when you request them. Please keep a copy of this for your records.

Please complete the following and return by February 29, 2008 to:

7451 S. Mason Montgomery Road – Suite C
Mason, Ohio 45040

I agree to pay the annual Administrative Service Fee of:

_____ \$50 per person _____ \$90 per family

- 1) Enclosed is a check for \$_____ made payable to Dr. Weisbrot, Dr. Suna, Dr. Schertzinger **or** Dr. Lang.
- 2) Please charge \$_____ to my credit card.

Visa _____ MasterCard _____

Account # _____

Expiration Date _____

3 Digit Security Code from back of card _____

This fee will cover “non-covered” services from March 1, 2008 through February 28, 2009.

Printed Name

Signature

Date

NAMES of Covered Family Members:
