

**LIST OF CHARGES FOR PATIENT SERVICES NOT TYPICALLY COVERED BY
INSURANCE**

Please note that most charges pertain to services which are requested outside of an office visit and charges will be due upon receipt and or applied to your balance

SERVICE DESCRIPTION CHARGE

Prescription Refills-any prescription refill request that is made outside of an office visit. (No charge for requests at time of office visit) There is a single charge regardless of the number of refills during one request

Clearance to Exercise Form/Letter \$5.00

SERVICE DESCRIPTION CHARGE

Return to Work Releases (outside a routine office visit)
Authorizing Handicap placards from DPS (outside a routine office visit)
Jury Duty Letters to Excuse from Serving
Travel Plan Changes due to Illness Letters
Permission to Travel Letter
Cardiac Rehab Enrollment
Patient Medication Assistance Forms
Review of Extensive Blood Pressure Logs (outside a routine office visit)
Review of Safety of Medications (outside a routine office visit) **\$10.00**

SERVICE DESCRIPTION CHARGE

Letters for Insurance Companies
FMLA Forms
Review of Outside Medical Records/Catheterization Films
Disability Forms (if extensive, fee may increase, not to exceed \$50.00)
Pre- Operative/Pre Surgical Clearance Forms- *If you have not been seen or evaluated by our physician in recent 3-6 months and depending on your cardiac history, you will not be cleared for the procedure without an office visit. Please realize that clearance for even the most minor procedures results in liability for our physicians; these requests require a review of medical records and documentation.* **\$25.00**

SERVICE DESCRIPTION

CHARGE

FAA Flight Physical Forms / Clearance- *flight physicals require compilation of records, chart review and formal letter from your physician fee will be determined due to level of service*
\$50.00-\$100.00

SERVICE DESCRIPTION

CHARGE

Copying of Medical Records-*applies only if requested directly by patient.*
\$25.00 for the first 20 pages then **\$.50** per page thereafter.
Copying of Study Results/Images-
Echocardiogram Disc/CD----- **\$40.00**
Nuclear Imaging----- **\$25.00**
Treadmill Stress Test with Tracings----- **\$25.00**

SERVICE DESCRIPTION

CHARGE

Miscellaneous Services
Mailing of any documents----- **\$1.00**
Courier Delivery of Studies/Records
International Mailing **(Expense of Patient)**

PATIENT NO SHOW CANCELLATION POLICY

CHARGE

Note Policy for Appointment No-Shows and Cancellations
*We require at least 24 hour advance notification if you wish to cancel or reschedule your appointment to a later date**
New Patient Appointments-----\$125.00
Existing Patient follow up appointments -----\$75
Testing Appointments - Ultrasound ----- \$125.00
Nuclear Stress Testing, PET scan,
Endovenous Laser Procedure-----\$250.00

I have received, read and understand Woodlands North Houston Heart Center's Policy regarding Charges for Patient Services Not Typically Covered by Insurance

Patient Signature

Date

Witness Signature

