

Our practice has always been extremely diligent with our current practice accepting insurance. The cost of doing this has been exorbitant and we have a very narrow window in which we operate in order to meet expenditures.

In an effort to continue to provide our patients with the most effective care and treatment in the practice of Dermatology, our office has a longstanding history of providing patients with the following administrative and convenience services:

- Pathology Report results via phone, fax or email;
- Nutritional evaluation and supplement recommendation
- Telephone consultations;
- Prescription renewal via phone or fax;
- Appeals for drug or service denials
- Sick notes, medical leave letter, return to work letter, jury duty or court letters;
- Other health related letters;
- Night and weekend calls;
- Mailing or faxing medical reports;
- Filing forms i.e.: Pathology Reports, DMV, CLP.

The cost of providing these services has escalated to the extent that many practices have stopped offering these services and resorted to scheduling an office visit whenever a patients requests any of the above described services. Dr. Littzi has chosen not to go this route and instead, she has decided to continue accepting most insurances.

However, we ask that if you wish to receive the above services on a regular basis, and not have to be inconvenienced with unnecessary office visits or prescription pick ups at the office, that may cause you to miss work, an annual fee for access to the administrative and convenience services described above, among other uncovered services, be paid to our office upon your next visit or at your earliest convenience.

The cost will be \$45.00 per person and \$65.00 per household. Please make checks payable to Sharon J. Littzi, M.D or provide us with a credit card.

We thank you for your understanding and continued loyalty to our practice.

Yes: _____ Payment has been provided below for the yearly fee for these services.

No: _____ At this time I do not wish to pay for these services and will pick up my prescriptions and discuss with the staff any fees which will be required to perform any of the other services described above.

Patient Name: _____

Credit Card #: _____ Expire Date: _____

Please circle one Individual \$ 45.00 Household \$ 65.00