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Internal Medicine

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CHARGES FOR SERVICES NOT COVERED BY INSURANCE

Dear Patient, as you may be aware, reimbursement for services covered by private health plans and Medicare has been steadily decreasing in recent years. The cost of ancillary, non-covered services previously provided by us as a courtesy has become difficult for our office to continue to absorb due to our steadily increasing costs and rental increases. In light of this, our fee schedule for non covered services are noted below.

- Job excuse and "Return to Work" notes and certification not requested at the time of office visit - \$15
- Completion of disability parking, caregiver day and night parking, jury duty and IHHS forms - \$15
- Completion of forms for life, accident, travel and disability insurance - \$50
- Completion of Residential Care pre-admission, adult day care enrollment forms - \$50
- Completion of immigration forms - \$50
- Letters to airlines, insurance agents, and lawyers requiring dictation and transcriptions or any miscellaneous letters and forms - \$100
- Rewriting, faxing or calling-in of prescriptions \$5 per prescribed medication
- Weekend or off hours (before 9am or after 5 pm) refills of routine medications - \$50
- Copies of medical records (includes lab reports and other studies) requested by patients not sent directly to another physician - \$10 standard fee plus \$0.50 per page.
- A call initiated by patients for medical advice or information not related to a recent visit or hospital visit is being discouraged. Instead make an appointment to see the doctor to obtain quality care and information. Should you however choose to speak to the physician regarding an issue not related to recent office visit within the past 7 days, the fee during regular work hours is \$20. Weekends charges for this is \$40.
- Econsults – (via email)- For communications with the Doctor by email. - \$30

Thank you for your utmost understanding. Rest assured and be confident that our primary goal is to provide you with the highest quality personalized medical care in a cost effective manner.

Printed NAME _____

SIGNATURE _____