



Child and Adolescent Health Specialists, PC

General Pediatrics

Developmental-Behavioral Pediatrics

Behavioral Health Therapy

223 Chief Justice Cushing Hwy

Suite 201

Cohasset, MA 02025

T. 781-383-8380

F. 781-383-8382

Policy: Form Completion, Composing Letters, Review of Records, and Consultations with Outside Entities (including school personnel and legal representatives)

As part of your child's medical care, our office provides with you with copies of your/your child's annual health supervision visit forms, developmental-behavioral pediatric consultation/evaluation notes, school excuse notes if you have been seen for illness and other appointment summaries as needed and requested. In addition, we send relevant medical information to specialists to whom we have referred your child and complete prior authorizations and referrals for services and supplies our providers have recommended for your child's care. Requests for additional forms to be completed, review of your child's medical record or reports for educational or legal purposes, composing letters or providing phone consultations with any individual other than specialists to whom we have referred your child, will require completion of this form, accompanied by advance payment, as such services are not covered by medical insurance policies. Providers may decline to comply with your request if they feel it is outside their area of expertise or if this information is readily available in another format or if for other reasons, they determine they are unable to comply with this request. Other requests for consultation with outside entities will be handled on a case-by-case basis.

Patient Name: _____ **DOB:** _____

Person completing this request and relation to child: _____

Date request submitted: _____

Please give specifics about what you are requesting: _____

Fees are dependent on the amount of time required by providers to review medical record and complete forms: minimal charge for Forms: 1-2 pages \$10, 3-7 pages \$25.

Phone consultations and letters composed by our providers will be billed at \$400 per hour. Review of records or reports will be billed at \$300 per hour, prorated according to time involved. A deposit of \$150 is required.

Your signature below authorizes Child and Adolescent Health Specialists to charge your card for the services listed above.

Name of card holder: _____

Signature: _____ **Card #** _____

Expiration date: _____ **Security code:** _____