

Action Physical Medicine and Rehabilitation

Shorewood

Phone:815-725-4918/Fax:815-725-4955
850 Brookforest Ave; Shorewood, IL 60404

Naperville

Phone:630-904-5640/Fax:630-904-5661
2156 Deep Water Lane; Naperville, IL 60564

CHARGES FOR ADDITIONAL PATIENT SERVICES

(Not covered by insurance)

Request for Medical Records must be made in writing (HIPAA compliant release form) and signed by the individual patient. Surcharges for form and copies of medical records will be collected prior to mailing, fax or pick-up. Our copy fees, under 735 ILCS 5/8-2006 (Illinois Comptrollers Office) are as follows:

Handling charges STANDARD FEE -- \$23.78
Copy of Medical Records (pages 1-25) at \$0.89 per page
Copy of Medical Records (pages 26-50) at \$0.59 per page
Copy of Medical Records (pages 51+) at \$0.30 per page

All cancellations made 24 business working hours prior to the scheduled appointment will not incur any cancellation charges. Appointments cancelled with less than 24 business working hours notice will incur the following charges:

Cancellation of appointment (Procedure)	\$50
Cancellation of appointment (Established Patient Office Visit)	\$25
Cancellation of appointment (New Patient Office Visit)	\$35

No Show Fee (Procedure)	\$50
No Show Fee (Established Patient Visit)	\$35
No Show Fee (New patient Office Visit)	\$50

*If this is a charge for a "no show" or "cancelled appointment" please note that payment is due at the time of receipt of the invoice. We may not be able to accommodate further appointments prior to receipt of payment.

Rewrite of any and all prescriptions for reasons including lost, stolen, or expired	\$5
Handicap Placard Form	\$10
Social Security Disability Form	From \$25
Medical Necessity Letter	\$25
School/Work Forms or Letters	\$25
Jury Duty Letter	\$25
Social Worker Service at Home	From \$40
Prior Authorization Form	From \$40
Medical Necessity Letter not covered by insurance	\$50
Short Term Disability Form	\$75
Report of Attending Physician	\$75
Retirement Benefits Plan Report	From \$75
Family Medical Leave Act Form	\$100
Long Term Disability Form	\$100
Medical Narrative Report	\$350
Miscellaneous Forms, Letters, or Reports	\$25-100

*Actual fees that will be charged will be dependent on the volume of work and processing time required by our office.

Make all checks payable to Action PM & R; 850 Brookforest Ave; Shorewood, IL 60404.
If you have any questions regarding your invoice, please contact the office at 815-725-4918.