



PACIFIC ORTHOPAEDIC ASSOCIATES

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Dear Patient:

To better serve all our patients, please note:

>If you are more than **ten (10)** minutes late, we may need to reschedule you or you may need to wait. In some instances, we may need to reschedule you for another day, depending on the physician schedule.

>Co-pays are due **prior** to service. If you do not bring your co-pay, we will reschedule your appointment for you.

>There is a **\$35.00** fee for bounced checks.

Medical Record Fee Schedule:

X-Ray Copies.....\$ 10.00

Medical Forms:

Disabled Person Placard or Plates Form.....\$ 10.00

Disability Insurance Benefits Form.....\$ 15.00

Extensions after the third one.....\$ 5.00

Private Form (any form not listed above)\$ 10.00

Additional pages (per page).....\$ 5.00

School Form.....No Charge

We thank you for your cooperation.

Sincerely,

Pacific Orthopaedic Associates Physicians & Staffs