TENTH STREET PEDIATRICS

2019 Administrative Fee Agreement

I agree to an Administrative Fee being charged. I understand this fee covers costs for items and services that may not be associated with medical services and are not reimbursed nor covered by my health insurance plan. **This excludes Endocrine patient visits with Dr. Jain.**

The cost of the annual Administrative Fee will be calculated using the age of the youngest child in the family as the "base" fee. Each additional child, regardless of age, will be charged an additional $150.00 fee. To prevent the fee from becoming excessive, we have put a cap of $800.00 per family.

Administrative Fee Template

Age	Fee
0-1 Year	$500.00
1-5 Years	$425.00
5-12 Years	$370.00
12-18 Years	$225.00
18+ Years	$150.00

First Example:

Youngest child is 7 months old	$500.00
Second child is 6 years old	$150.00
Third Child is 13 years old	$150.00
Total (cap)	$800.00

Second Example:

Youngest child is 80 years old	$370.00
Second child is 13 years old	$150.00
Total	$520.00

PLEASE PROVIDE THE FOLLOWING INFORMATION:

_____ _____

Child's Name Date of Birth Child's Name Date of Birth

Child's Pediatrician Dr._____ Child's Pediatrician Dr._____

_____ _____

Child's Name Date of Birth Child's Name Date of Birth

Child's Pediatrician Dr._____ Child's Pediatrician Dr._____

Enclosed is my payment of $_____

_____ _____ __/__/__

Printed Name Signature Date

If paying by credit card, please complete below:

Visa/MC/AMEX

Credit card #_____ Exp. Date_____ Security#_____

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