Doctors of Children of Orange County Medical Corp.

4950 Barranca Parkway, Suite 209
Irvine, CA 92604
(949) 654-2800

We would like to welcome you to the pediatric office of Dr. Meigan Everts and Dr. Teresa Lee! To help expedite your child's care and ensure proper and fair allocation of our time as well as yours, we have set up the following office policies.

1. If you have health insurance that you would like us to bill, please provide us with your insurance information/card at the time of service. **Although we are happy to submit insurance claims as a courtesy, it is your financial responsibility for services provided by this office.** If you have any billing questions, please call Tracy L. at Orange County Billing at: 714-895-5614.
2. For your child's annual or well baby exams, please call your insurance company prior to your appointment to inquire about coverage for physical exams and immunizations.
3. **Co-pays are due at the time of service.** A $10 billing fee will be charged for statements sent out to collect co-payments.
4. It is our policy that any appointments be cancelled **at least 24 hours prior** to the scheduled time. A $25 fee will be charged for all missed sick appointments and $50 for all physical exam appointments without a 24-hour notice.
5. Returned checks will result in a $20 fee.
6. Letters or reports that require review of medical records and/or submission on office letterhead may incur a fee of up to $30 depending on complexity.
7. The charge to copy medical records is $30.
8. Completion of any school form, health form etc. will incur a **$10 per form** fee.
9. Please anticipate medication needs at your child's visit or call during office hours. A $10 fee will be charged for medication or refills during the weekend or after hours.
10. Account balances over 60 days will be assessed a **late fee of $35.00 per month**.
11. Accounts sent to collections will be assessed an additional 40% collection fee.

I acknowledge notification of these policies.

Signature of Responsible Party: ____

Date: ______________

Patient Name(s): ____________________________ ______________________________

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