

PEDIATRIC ENDOCRINE ASSOCIATES  
1100 LAKE HEARN DRIVE, SUITE 350  
ATLANTA, GA 30342  
VOICE: 404-255-0015 FAX: 404-845-3080

**MISCELLANEOUS FEES**

THESE FEES ARE NORMALLY PAID DIRECTLY BY THE PATIENT AND ARE NOT  
GENERALLY COVERED BY INSURANCE.

- 150.00 NEW PATIENT MISSED APPOINTMENT  
75.00 NEW PATIENT (LATE OR CANCEL W/ LESS THAN 24 HOUR NOTICE)  
50.00 EXISTING PATIENT NO SHOW FEE  
25.00 EP LATE FEE (LATE OR CANCEL W/ LESS THAN 24 HOUR NOTICE)  
25.00 SURCHARGE FOR FAILURE TO PAY CO-PAY DURING VISIT  
65.00 DATA INTERPRETATION FEE  
25.00 LOST FEE – FOR LOST LAB/X-RAY/PRESCRIPTION ORDERS  
15.00 RE-FILE INSURANCE - CHANGE OF INSURANCE W/O NOTICE  
15.00 SCHOOL/CAMP/FMLA/OTHER FORMS  
25.00 INCORRECT INSURANCE INFORMATION FEE  
10.00 SATELLITE ADMINISTRATIVE FEE – TO BE SEEN AT SATELLITES  
25.00 RETURNED CHECK FEE  
10.00 – 15.00 HAZ MAT DISPOSAL FEE
- 75.00 GROWTH HORMONE ADMINISTRATIVE FEE: Because of the overwhelming volume of administrative paperwork required by insurance companies to obtain approval of and renewal of a Growth Hormone regimen we find it necessary to impose an annual \$75 Administrative Fee to cover our costs. This fee is payable before starting the process. Thank you for your understanding.

**MEDICAL RECORDS (MOST OF THESE FEES ARE GOVERNED BY STATE REGULATIONS):**

- SEARCH AND RETRIEVAL - UP TO 24.86  
CERTIFICATION FEE – 9.32  
COPYING COST – 1 – 20 PAGES - .93 PER PAGE  
21 – 100 PAGES - .80 PER PAGE  
OVER 100 - .63 PER PAGE