



## ANNUAL COMPREHENSIVE FAMILY PLAN

At Premier Pediatrics Beverly Hills we are committed to delivering the highest quality of care to our patients. We value the relationship we have with our Premier Pediatrics Families and understand the importance of offering as many insurance options as possible. However, there are certain services that are not covered or paid by insurance. In order to continue providing premier care as contracted providers, beginning December 1<sup>st</sup>, 2019 we are implementing an Annual Comprehensive Family Plan.

### Annual Comprehensive Family Plan Covered Services:

- Forms completed within 3 business days (School, Camp, Sports, and others)
- Return to school/daycare and PE excuse notes
- Letters and reports
- Copies of Medical Records
- Our web-based HIPAA compliant patient portal, including secure messaging with the office

### The annual fees for the Premier Pediatrics Comprehensive Family Plan are:

- Families with one child \$150.00 per year
- Families with two children \$250.00 per year
- Families with three or more children \$300.00 per year

This fee is waived for patients once they have reached their nineteenth birthday.

If you have any questions or concerns regarding our new policy, please ask to speak with our Office Administrator.

We are honored that you have chosen Premier Pediatrics Beverly Hills to be your family's pediatric medical home!

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**ANNUAL COMPREHENSIVE FAMILY PLAN**

**I understand that the Annual Comprehensive Family Plan must be renewed and paid yearly in order to continue receiving the benefits of the Plan.**

INITIAL HERE \_\_\_\_\_

**I understand that additional children in the family will automatically be added and agree to pay the additional incremental cost within thirty days after a new child is added to my family.**

**If it has been less than twelve months since payment was made for other children in the family, the additional incremental charge will be prorated based on the number of months remaining until the next annual payment is due.**

INITIAL HERE \_\_\_\_\_

I have read the information on the preceding page and understand and agree to the terms of the Premier Pediatrics Annual Comprehensive Family Plan.

Parent/Guardian Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Patient Name: \_\_\_\_\_ DOB: \_\_\_\_\_

Patient Name: \_\_\_\_\_ DOB: \_\_\_\_\_

Patient Name: \_\_\_\_\_ DOB: \_\_\_\_\_

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