



**The Office of  
Dr. Lloyd Takao, MD**

To our patients,

Our practice may provide services outlined below, which are not reimbursed by your insurance. You will be asked to pay for these services when you require them. All forms and copay fees must be paid before new appointments can be scheduled.

**Vaccine Policy:** We do not accept families who are unwilling to vaccinate their children. This is against our philosophy of high quality, preventive medicine. Feel free to discuss immunization questions with your physician.

**Copays:** Copays are due at the time of service. If your insurance has changed please bring your new insurance card and we will update your billing information. If the copay is not paid at the time of visit, a **\$10 fee** will be due.

**Physical Health Forms and Letters:** Doctors Takao and Shah review the chart, vaccine history, recent visits, past trauma, and more to ensure each patient's safety and health. Completion of health forms (return to school, sports, camp) brought in *at the time of your child's well visit* can be completed at **no charge**.

*At any other time*, all forms can be emailed or faxed to the office and will be completed for a **\$25 fee**. Expedited forms can be completed within 5 days for a **\$40 fee**. Urgent forms can be completed within 48 hours for a **\$60 fee**. Payment is expected upon completion of the form/pick up the form. Fees for all letters are at the discretion of the physician.

**Copying of Records:** Relevant information pertaining to the patient including the most recent well-child visit, growth chart, and vaccine record can be faxed or emailed for a **\$30 fee**. Other records will be charged in the range of **\$50-\$100** based on the request, length of record, and/or physician's discretion.

**Late, No-Shows, and Cancellations:** If you are more than 15 minutes late, your appointment will be rescheduled. We kindly request advance notice of at least 24 hours when you are unable to keep your appointment. Failure to cancel or reschedule your appointment with 24 hours notice will result in a **\$50 fee**.

**I read the above and understand the terms:**

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

Patient/Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_