



### Medical Records

- ❖ 1<sup>st</sup> page \$1.00
- ❖ Subsequent Pages \$.50 per page

### Insurance Forms

- ❖ Basic Fee \$10.00  
(Few Lines & Doctor Signature)
- ❖ *Extended fee (Based on complexity) up to \$150.00/½ hour  
prorated*

### Narrative Report/Pre-Determination

- ❖ Basic Fee \$150.00 (up to ½ hour)
- ❖ Additional \$5.00 per minute over ½ hour

(Basic fee must be paid at initial request and additional fee  
(if any) before letter/report is released).

I acknowledge that the Non- Insurance Covered Paperwork Fee  
Policy has been explained to me and I've had the opportunity to  
ask any and all questions related to this policy of Beauty thru  
Health Dermatology, P.C. to my satisfaction.

My signature below confirms my agreement to pay these fees at  
the indicated rates for the services I have requested that are not  
insurance covered.

Signature \_\_\_\_\_ Date \_\_\_\_\_  
(Must be completed by parent/guardian 18 years or older) \*\*\*Photo ID Required\*\*\*

Witness \_\_\_\_\_ Date \_\_\_\_\_

Mail your request to: Beauty thru Health PO Box 187 Nicoma Park, OK. 73066, or you may  
email forms to: [drwiley@beautythruhealth.com](mailto:drwiley@beautythruhealth.com)