



Beauty thru Health Dermatology, P.C.
Clarence L. Wiley, MD., M.M.S., F.A.A.D.

Medical Records

- ❖ 1st page \$1.00
- ❖ Subsequent Pages \$.50 per page (Last 2 dates of service no fee, entire record request at nominal fee)

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_(staff) _____ Date _____

Please mail your request to: Beauty thru Health PO Box 187 Nicoma Park, OK. 73066