

ALLERGY DEPARTMENT – The Toledo Clinic

NOTICE

Effective 03/01/2017

Standard Service

Estimated Time and Fee Schedule

No Proof of Insurance <i>New Patient</i>	n/a	\$200 deposit prior to being seen
Lapse in Insurance or Insurance Ineligible <i>Established Patient</i>	n/a	\$100 deposit prior to being seen
Prescription Refills	3 Working Days	n/a
Messages	1-2 Working Days	n/a
Referrals	7-10 Working Days	n/a
Forms	7-10 Working Days	\$10 per page
Letters	14-28 Working Days	\$25 first page \$10 each additional page
FMLA Form	7-10 Working Days	\$20-\$100 Depending on complexity
Attorney Letters/Forms	4-6 Weeks	\$200 first page \$100 each additional page
Attorney Document Review	n/a	\$300 per hour

PAYMENT DUE WHEN FORM GIVEN TO OFFICE FOR COMPLETION