

PLEASE RETURN THIS FORM WITH YOUR 2023 PATIENT REGISTRATION AND 2023 OFFICE FINANCIAL AGREEMENT BY EMAIL (lorisdreamteam405@gmail.com) or USPS. All forms can be found on our website (www.4moms4kids.com)

2023 Voluntary Administration Fee

- _____ 1. **Enclosed is \$120 for my family's administration fee for 2023.** I understand that I WILL NOT BE CHARGED for non-covered services.
- _____ 2. **I prefer not to contribute** and understand that I WILL BE CHARGED for non-covered services as allowed by my insurance company and as follows:
- \$50 for each After Hours Phone Call to the doctor that is not covered by my insurance
 - \$35 for each Prescription Refill requested/allowed without an appointment
 - \$35 per form/letter for Physician Completion of School forms, Camp forms, FMLA paperwork, Life/Disability Insurance forms, etc. (If paperwork is presented during an office visit, there is NO additional charge). We recommend you screen shot all forms to prevent need for copies in the future.

My decision whether to participate in no way affects the quality of my family's care.

Payment method:

_____ Check made out to Lori McAuliffe M.D., P.A. enclosed

_____ Please bill my credit card:

Type: _____ Name on Card: _____
Account #: _____ Exp. date: _____ Security code: _____
Cardholder Signature: _____ Date: _____

2023 FLU VACCINE RESERVATION

Please return completed form as soon as possible as Dr. Lori must order your 2023-2024 Flu Vaccines by January 1st, 2023

2023 Flu Vaccine Order Form

Child/Parent's Full Name:	Date of Birth	Age	Order Flu for 2023?	Payment Method
1. _____	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No	Insurance** Check/Credit
2. _____	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No	Insurance** Check/Credit
3. _____	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No	Insurance** Check/Credit
4. _____	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No	Insurance** Check/Credit
5. _____	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No	Insurance** Check/Credit
6. _____	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No	Insurance** Check/Credit

****PARENTS - Please enclose a current copy of your own insurance card ****

I have read, understand, and agree to abide by the policies of the practice presented here and on the website (www.4moms4kids.com).

Signature of person completing form: _____ Date: _____

Preferred phone **number for texts:** () _____

Preferred phone **number for calls:** () _____

Preferred E-mail address: _____