C. PHILIP O'CARROLL, M.D.

DIPLOMATE AMERICAN BOARD OF NEUROLOGY & PSYCHIATRY CLINICAL NEUROLOGY & ELECTROMYOGRAPHY

OFFICE FEE POLICY

• Any Forms (i.e., Disability, EDD, DMV, FMLA, etc.)	$35.00
• Medical Records (more than 10 pages)	$35.00
• Rx Prior Authorizations, when applicable	$35.00
• Returned Check Fee	$35.00

It is the patient's sole responsibility to pay all applicable co-pays and deductibles.

Thank you for your patronage and trust in our office. We strive to do the best we can and do not want any miscommunication of these fees to hinder our efforts. If you have any questions or need an explanation of any of the above-mentioned charges, please feel free to ask a staff member for assistance.

Please be prepared to pay any necessary fees at the time of your visit. We appreciate your understanding and cooperation.

By signing, I acknowledge that I understand and agree to the above Office Fee Policy.

Patient Signature:_____ Date:_____

Print Name:_____

3900 West Coast Hwy, # 330 : Newport Beach, California 92663 : (949)759-8001: Fax: (949)760-3671