



FAMILY ADMINISTRATIVE FEE

I, the undersigned, agree to the Oak Park Pediatric annual family administration fee. I understand that this fee must be paid and renewed yearly in order to continue to receive specific benefits not covered or not reimbursed by my insurance plan.

I agree to pay the additional multiple child cost within 15 days after a second child is added to the practice. All administrative fees are due within 15 days of the new calendar year (by January 15th) or upon joining our practice.

The annual family administration fee for Oak Park Pediatrics is:

- \$150.00 per year for families with a single child
- \$200.00 per year for families with two children
- \$250.00 per year for families with three or more children

I have read and understand the administration fee information and agree to the terms of Oak Park Pediatrics annual administrative fee policy. **Please complete the form and email to info@oakparkpediatrics.com.** Thank you in advance!

Parent/Guardian Signature: _____ Date: _____

Parent/Guardian Name: _____

Patient Name: _____ DOB: _____

Patient Name: _____ DOB: _____

Patient Name: _____ DOB: _____

Patient Name: _____ DOB: _____

Amount Enclosed \$ _____

CREDIT CARD AUTHORIZATION

Card Holder's name: _____

Signature of Card Holder: _____ Date: _____

Credit Card Number: _____ Expiration date (MM/YY): _____

Card type: ☐ Visa ☐ Master Card ☐ AMEX

CVV CODE: _____ Zip Code: _____

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