

BW Primary Care, LLC
Annual Administrative Fee Program
(Please read and sign below)

At BW Primary Care, we continue our mission to provide personalized, effective, high-quality care to our patients in a comfortable and professional environment. However, the many changes in the healthcare landscape have created a very challenging environment for our practice, where clinicians and staff are required to spend increasing time on tasks not paid for by insurance such as phone calls, authorizations, emails, portal messaging, form completions and coordination of care with agencies or specialists. **Beginning April 2023, BW Primary Care will charge an annual fee of \$25** to cover these non-reimbursable administrative tasks and services, **covering a 12 month cycle from the time of payment.**

Our yearly \$25 Annual Administrative Fee covers many services we provide that are not paid by your health insurance. This is above and beyond your customary insurance payment for services rendered. Unfortunately, your insurance will NOT pay for these fees. **You do not have to pay the Annual Administrative Fee. Should you decline to pay the fee at your first office from 4/1/2023 forward, you will not have the option to opt in later in the year.**

If you Opt out of Annual Administrative Fee Program

A \$25 fee will be charged per occurrence if you decide you do not want to participate in our program. Form fees apply to the following:

Standard Form Fees

Disability Forms, Misc Form Completion
FMLA Forms, FSA/HSA statements, Jury Duty Exemption,
All Letters For Other Reasons (**if outside of a recent office visit**).

Complicated Prior Authorization Process

More than one medication substitution or if appeal letter is necessary. This does not guarantee approval of medication.

Physical Exam Forms

Work, school, gym, fitness club, (if outside of a recent office visit).

NOTES:

- All fees must be paid before forms are completed
- Standard completion time for forms is 10 days or 2 business weeks

I, _____
Print **Signature**

DOB _____ **Date** _____ / _____ /2024

- ☐ I agree to payment of a fee - all admin services are covered for one year.
- ☐ I have elected not to participate in the voluntary Annual Administrative Fee Program and understand I will be billed for the above services as applicable. I will not have the option to enter the program until the start of the next calendar year.