

**CONFIDENTIAL MEDICAL REPORT**

David A. Frenz, M.D.  
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Patient Name  
DOB  
PRN

**Physician Fee Schedule**

1. I acknowledge that Dr. Frenz is a private practice physician. This means that he owns his own medical practice.
2. I acknowledge that Dr. Frenz runs a private pay clinic. This means that he doesn't take health insurance. Because of this, my insurance company considers him an out-of-network provider.
3. I agree to pay Dr. Frenz for rendering professional services to me.
  - a. Like all health care providers, Dr. Frenz uses the American Medical Association's *Current Procedural Terminology* (CPT) for coding and billing.
  - b. Dr. Frenz's current rates for common visits appear in the following table. He generally updates these rates annually.

Initial Consultation		
CPT Codes	Rate	Approximate Visit Length
99205	[redacted]	60–89 minutes
99205 + 99354*	\$600	90–134 minutes
Subsequent Visits		
CPT Codes	Rate	Approximate Visit Length
99213	[redacted]	Up to 24 minutes
99214*	\$250	25–39 minutes
99215*	[redacted]	40–69 minutes
99215 + 99354	[redacted]	70–114 minutes

\* CPT codes that Dr. Frenz most commonly uses

4. I understand that Dr. Frenz will mail me a statement (bill) for services rendered.
  - a. I agree to pay my bill within 30 days, either with a credit card, debit card, bank transfer or personal check. I understand that Dr. Frenz may terminate care if I fail to pay him.
  - b. I agree to take personal responsibility for requesting coverage (reimbursement) from my insurance company. I acknowledge that my insurance company might only cover part of the bill or might not cover it at all.
5. I understand that Dr. Frenz's professional service fees do not include related medical expenses. Examples include drug tests and prescriptions for medications. I understand that I am responsible for providing my insurance information to laboratories and pharmacies and paying any associated copayments.

**Acceptance**

I wish to receive medical care from Dr. Frenz and agree to his terms set forth above.

Your Signature & Today's Date: \_\_\_\_\_