

Sharonville Family Medicine
William P. Sawyer MD
11714 US RTE 42 Cincinnati OH 45241

Medical Home Fee Year 2023

I would like to thank you for your continued support in our effort to offer you personalized care in a comfortable and caring environment that you have become accustomed to in our "medical home".

- Personal coordination with other physicians and diagnostic test sites to ensure timely care
- Comfortable and quiet office setting and staff who care for and about you
- Offer Home Visits by Dr. Sawyer for those who become home bound
- Provide copies of all your diagnostic tests for your personal records in a timely manner
- Help interpret health insurance coverage and payments
- Offers self-pay options for medical services if we are not in your plan
- Pharmaceutical grade supplements conveniently offered for sale in our office
- Continue to offer phone consults and telehealth

I enjoy serving as your personal physician, coach, and quarterback! I look forward to continuing our relationship.

Sincerely,



Dr. Will Sawyer

Please CHECK your option, SIGN and RETURN this form with your payment.

- | | | |
|--------------------------|---------------------|----------|
| <input type="checkbox"/> | Individual: | \$160.00 |
| <input type="checkbox"/> | Family (2 or more): | \$320.00 |

To qualify as part of family, children must be under 25 and living at the same address or in college:

I understand and agree to pay the Annual Medical Home Fee charged by Dr. William Sawyer.

Name: _____ Date: _____

Changed your e-mail? We want to conveniently share information from our office.

E-mail address: _____

****Remember****, if you do not pay the Medical Home fee by December 31st you need to send a signed, dated release of medical records request that includes the name and address of your new physician plus any balance owed on your account **prior** to us forwarding your health summary.