



College Park Family Care Center, P.A. Specialty Office

FORM FEE GUIDELINES

Date: _____ Provider's Name: _____

Patient Name: _____ Date of Birth: _____

Patient/Guardian Contact Phone Number: _____

Please **READ** and **INITIAL** the following statements:

College Park Specialty Office charges a fee for the completion of any form which requires medical information and/or a physician's signature.

_____ The fees are as follows:

- Handicap Parking Placard Form: \$5
- Disability Paperwork: \$10-\$65 (Based on length and required detail. If medical records are needed in addition to the form, fees will be assessed according to our medical records fee schedule.)
- FMLA (Family Medical Leave Act) Forms: \$40-\$65
- If you are requesting FMLA paperwork to be completed, what dates are you requesting to be off of work? _____ thru _____

_____ Pre-payment is required in order for our office to mail the forms. There will be an additional \$.50 charge for postage and handling.

_____ If the doctor feels it is necessary to obtain more information from the patient in order to complete the form, the patient may be required to make an appointment. If this is the case, we will contact you. (Please complete contact phone number above.)

_____ College Park Specialty Office requires at least **5 business days** for the completion of any form. After this time, your form will be available for pick-up at our Check-Out window. If it is completed sooner, we will contact you. **If your form is a Disability Form or Physicians Statement – it may take up to 30 days for completion as these are processed through a 3rd party vendor.**

_____ If copies of your medical records are needed to complete this form, your form will be available for pick up at our Central Medical Records department.

_____ I have been informed by the receptionist that my doctor:

_____ Is/will be in the office today.

_____ Is out of the office until _____.

Patient/Guardian Signature: _____

Thank you for your cooperation.

Front Office: Please log this form into the Form Log, attach this form to the paperwork brought in by patient, and place in the doctor's mailbox. If Disability – send to Central Medical Records.

How did we receive this paperwork? FAX _____ Patient Drop-Off _____ Other _____

Front Office Initials: _____ Date: _____