



# Pensacola Pediatrics, P.A.



## Report and Form Completion Policy

Patient Name \_\_\_\_\_

Birth Date \_\_\_\_\_

ID Number \_\_\_\_\_

Email \_\_\_\_\_

Guarantor / Parent Name: \_\_\_\_\_

Telephone \_\_\_\_\_

We receive many requests for forms to be completed.

Simple, short forms such as school clearances, immunization records, and specialty referrals that normally flow from an examination are not charged.

Long forms which require significant administrative time will be charged as follows:

DMV (99080) - \$25

FMLA (99081) - \$50

Worker's Compensation (99081) - \$50

Disability / Social Security (99081) - \$50

Letter of Condition (99081) - \$50

Military forms (99081) - \$50

Miscellaneous requests from patient or their agent - \$50 and up depending on the request

**Payment is *due* prior to completion of the requested form.**

I understand that the physician will provide information based solely upon their examination, evaluation and medical judgment. It may take several work days for the completion of this form.

I have read and understand the above and agree to abide by this policy.

\_\_\_\_\_  
SIGNATURE OF GUARANTOR, RELATION to Patient

\_\_\_\_\_  
DATE