

Countryside Pediatric Care

Forms Administrative Fees Policy

Countryside Pediatric Care requires payment for the completion of some forms parents ask us to complete on their behalf. We receive many requests which require increased administrative time and financial resources in excess of what is normally needed to complete the medical record.

The following forms will be completed at no charge to the patient:

- School/Sports physical forms
- Return to school forms
- Doctor's certification of sickness to excuse absence from school/sports
- Shot records
- Copies of records sent to other physicians for transfer to another practice or coordination of care

Listed below are services for which we charge an administrative fee. These services are not billed to your insurance company and they are your responsibility.

- FMLA \$25 per form
- Home Bound form \$25 per form
- Disability \$25 per form
- Letter of Explanation of Condition/Treatment, e.g. for attorney \$25 per letter
- Misc. Patient requests not covered above or below \$25
- Copies of Medical Records to Parent/Guardian/Attorney/Representative other than another healthcare provider \$1 per page for the first 25 pages, plus \$.25 for each page thereafter (please see separate Medical Record Releases Form on our website for these requests)

Instructions:

- Submit the form completion request to the office well in advance of when it is needed. We will attempt to complete the forms as quickly as possible however, in order to properly address them we need adequate time to review the patient's records.
- Parent/Guardian must complete all of their information on the form prior to giving the forms to us.
- Provide a stamped, addressed envelope to expedite mailing of completed forms.
- If requesting records to be released, the Record Release form must be completed
- Forms/Request for records must be accompanied with any required payment specified above

We will make every effort to complete these forms within 5 business days; however we cannot make any assurance of completion with the patient's time frame(s). Payment is required prior to completion of all forms.

Signature of Parent/Guardian

Name

Relationship to Child

Date