



Request Doctor to Complete Forms

Forms Completion Policy

The only documentation regarding patient health required by law (and included in the office visit charge) is an office note. Therefore, the completion of documents for school, summer camp, childcare, employment physical, and/or disability, the Family Medical Leave Act (FMLA), short-term and long-term care, life insurance, the Department of Veterans' Affairs disability claims, or other purposes may go beyond routine chiropractic and rehabilitation care. This is a service that **cannot be billed to the patient's insurance carrier** and therefore, the patient is responsible for payment of such services.

To request the Doctor's service to complete form(s), please complete and return the *Request Doctor to Complete Forms* application to our office in-person, fax, or mail.

If you would like the Doctor to complete a specific form, please submit the form(s) along with your application.

Fee for services: It is our policy to charge the following fees for the completion of form(s):

- \$25 processing fee per form, and
- \$5 per page.

Payment is due at the time the application is submitted, unless other arrangements have been made.

Things You Should Know:

- Once we have your request, your form(s) will be completed within five (5) business days. If you need your form(s) completed sooner than five (5) business days, please let us know. There is an expedited fee of \$5 per form.
- Include all of the necessary documents, paperwork, medical records, etc. that are required to complete the form(s), if applicable.
- You will be notified by phone and/or email when your form(s) are ready for pick-up.
- If the completion of your form(s) require an update of your medical information or a special examination, you will be asked to schedule an appointment.

Complete and return *Form Completion Application* (along with all necessary documents, etc.) to our office:

Fax to: 1.888.375.5167

Drop-Off at: the office during our normal operating hours.

Mail to: PO Box 558, Columbia, Maryland 21045

If you have any questions regarding the policy or the application, please call the office at (240) 264 – 6372 or email info@drtiffanybutler.com



Harmonious Living Chiropractic: Fitness & Wellness Center, LLC
10 South Street, Suite 403, Baltimore, Maryland 21202
Phone: 240-264-6372 | Fax: 1-888-375-5167
www.drtiffanybutler.com

Request Doctor to Complete Forms – Application

Patient Name: _____ Date of Birth: _____

I am requesting the Doctor to complete the following form(s): *(check all that apply)*

- School Paperwork
- Summer Camp/Childcare Paperwork
- Employment Physical and/or Disability Paperwork
- FMLA Paperwork
- Department of Veteran Affairs Disability Paperwork
- Other: _____

Name of Form	# of Pages	Estimated Cost to Complete Form <small>Fee (\$25 processing fee + \$5 per page)</small>
Subtotal: \$		
Expedited Fee (\$5 per form)		\$
Total		\$

I understand that I will be charged a \$25 processing fee per form, plus \$5 per page. I understand if I choose to expedite the process, I will be charged an addition \$5 per form. I understand that payment is due at the time the application is submitted, unless other arrangements have been made.

Understanding of the Form Completion Policy: By signing below, I understand that I am responsible for providing the Doctor with all necessary paperwork and/or documents that will allow the Doctor to complete my request in a timely matter. If I fail to provide the Doctor with all of the materials, I understand that this may delay the completion of my request. I understand that these services will not be billed to my insurance carrier and this services is not a coverage service by my insurance carrier. Therefore, I understand that I am solely responsible for reimbursing the Doctor for the above services.

Patient Guardian/Signature: _____ Date: _____

DO NOT WRITE BELOW THIS LINE

Date Received: _____ Total Fee: \$ _____ Date Given to Patient: _____
 Date Completed: _____ Payment Received: \$ _____

Make copy of all completed form(s) and placed into patient's medical file. Give the patient the original copy.



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