PULMONOLOGY ASSOCIATES, INC.

Breathe easier. Live better.

FORM FEE GUIDELINES

DATE_____ PROVIDER'S NAME_____

PATIENT NAME_____ DATE OF BIRTH_____

PATIENT/CONTACT PHONE NUMBER _____

Please READ and INITIAL the following statements:

Pulmonology Associates, Inc charges a fee for the completion of any which requires medical information and/or a physician's signature.

_____ The fees are as follows:

PAPERWORK/FORM	AMOUNT DUE
DISABILITY PAPERWORK	**$30.00**
FMLA (FAMILY MEDICAL LEAVE ACT) FORMS	**$30.00**
WORKMEN'S COMPENSATION FORMS	**$20.00**
LIFE INSURANCE FORMS	**$20.00**
PENNDOT FORMS	**$15.00**
PECO FORMS	**$15.00**
FORMS FOR O2 ON AIRPLANE	**$10.00**
JURY DUTY OBLIGATION	**$10.00**
MISCELLANEOUS MEDICAL FORMS	**$10.00**

_____ Pre-payment is requested in order for our office to mail the forms. There will be an additional $1.00 charge for postage, handling and supplies.

_____ If the doctor feels it is necessary to obtain more information from the patient to complete the form, the patient may be required to make an appointment. If this is the case, we will contact you.

_____ Pulmonology Associates, Inc 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 front desk. If it is to be sooner, we will contact you.

_____ If copies of your medical records are needed to complete this form, the Release of Information form must be completed.

Thank you for your cooperation.

Patient Signature_____