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FMLA, DISABILITY, MISC. Form Completion Agreement

We are happy to complete forms for you; however, due to the volume of patients who require paperwork to be completed and signed by the provider, we have adopted the following guidelines to assist in rapid processing of these important forms:

1. All forms are completed in the order they are received. Due to the volume of forms, it may not be possible to complete your form immediately.
2. All patient information must be completed before we can accept the forms, and all pages of of the form need to be provided.
3. Please allow **7 business days** for completion and plan accordingly.
4. Some forms cannot be completed until your most recent office note has been dictated and transcribed. This may increase the time it takes to complete the form.
5. There is a fee **per form** which must be paid before the forms will be completed.
  - No charge for 1 page (except Activity Restriction form; \$25.00 fee)
  - \$25.00 for 2-5 pages
  - \$50.00 for 6+ pages
6. Payment is the patient’s responsibility and will not be submitted to insurance.
7. When forms are completed they will be mailed to the patient’s home address unless other arrangements have been made.
8. The authorization for disclosure of protected health information must be signed if forms are to be mailed or faxed to anyone other than the patient.
9. Urgent forms may be completed in 48 business hours at the rate of \$50.00 for 2-5 pages and \$75 for 6+ pages.
10. **NO FORMS MAY BE GIVEN TO THE PHYSICIAN AT ANY TIME.**

I have read and understand the form Completion Policy.

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

Thank you for your cooperation