



Forms or Letter Request

Health Done Wright Inc charges a fee for the completion of any form which requires medical information and/or a physician's signature without exception.

Date: _____ Patient Name: _____

Date of Birth: _____

Requestor's Name : _____

Patient/Guardian Contact Phone Number: _____

Please READ and INITIAL the following statements:

_____ The fees are as follows:

- Handicap Parking form \$10
- Disability Paperwork: \$25/1st page and \$15/each additional page
- FMLA (Family Medical Leave Act) forms : \$55 for Standard DOL form - \$25/1st page and \$15 each additional page for organization specific forms
- If you are requesting FMLA paperwork to be completed, what dates are you requesting to be off work? _____ thru _____, returning to work on _____
- Letter requests : Based on time required to complete, Starts at \$25 up to \$200/hour of time

Who should the letter be written to: _____

What should the letter state (you must be specific, if not you will be required to make an office appointment) :

_____ If the doctor feels it is necessary to obtain more information from the patient in order to complete the form, the patient may be required to make an appointment. If this is the case, we will contact you. What number should we call or text _____

_____ We require a minimum of 5 business days for the completion of any form. We will contact you when the form is ready for pickup.

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

Form accepted by _____ Date _____