

COMPASSIONATE

Family Medicine

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138 East Genesee Street
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Syracuse, NY 13208
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FORM COMPLETION POLICY

In response to increasing demands for the completion of medical forms, which require increased administrative time and financial resources, Compassionate Family Medicine has adopted a policy to charge for some of these services. In order for us to better serve you, we request that you are aware of the following:

- Submit the form completion request well in advance of when they are 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.
- The patient must complete all their information on the form prior to giving the forms to us. Any form not completed with patient's information will be returned.
- If applicable, provide a stamped, addressed envelope to expedite mailing of completed forms.
- Forms are completed for those accounts in good standing. Outstanding balances need to be paid prior to forms being filled out.

We will make every effort to complete these forms within seven (7) business days however, we cannot make assurances of completion with the patient's timeframe. Payment for fee-based forms is required PRIOR to completion of any form.

NOTE: Personal checks will not be accepted; payment must be with a credit card or cash. Also, we no longer accept \$50 or \$100 bills due to the increase in counterfeit activity.

FORMS WITH CHARGES:

- A. The following forms will be assessed a \$20 fee for completion:
 - FMLA
 - Employer Disability Forms
(Patient is required to pick up completed forms; Our office will not mail or fax completed forms)
 - Lawyer's Offices
 - Employment Forms
 - Medical Source Statement Forms or Residual Functional Capacity Forms for Social Security Disability
 - Miscellaneous Patient Requests
- B. The following forms will be assessed a \$100 fee for completion
 - Dept. of Homeland Security/USCIS Form N-648, Medical Certification for Disability Exceptions
- C. The following forms will be assessed a 75¢ per page fee:
 - Release of Information (for personal use)

FORMS WITH NO CHARGES:

- NYS Workers' Compensation Board Doctor's Report; Any C-4 Family of Forms
- NY Motor Vehicle No Fault Insurance Forms
- Onondaga County/Physician's Order for Personal Care Services
- In-Home Care Service Forms: SJH/CHHA, Physician Verbal Order, Visiting Nurse, Plan of Care, Plan of Treatment, etc.
- NYS DOH Emergency Family Shelter Health Screen Form DOH-695
- School District Forms: Physical Exams, Immunization Records
- Utility Letters: National Grid
- Insurance Pre-Authorizations
- Job Plus Forms
- Transportation Forms: Molina, Medical Answering Service for Medicaid Transportation, etc.
- NYS DMV Disabled Placard
Certification of Medical Necessity: Lincare, Capital Oxygen, Franciscan Home Care & Hospice, etc.

By signing below, I acknowledge that I understand and accept the terms as outlined above for completion of medical forms.

Patient / Guardian Signature

Date