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Due to the large number of requests for letters to be written and other documents to be completed that require a physician’s attention; there will be a charge for letters and/or completion of documents that require the physician’s attention. The types of letters that require a physician’s attention include but are not limited to the following:

1. Medical leave papers (FMLA) $30.00 (1-2 Weeks to Complete)

2. Letters to utility companies $20.00 (24 Hours)

3. Physical therapy

 Occupational therapy $15.00 (3-5 Days)

 Speech therapy forms

 (Those which require more than a Physician’s signature)

4. All Demi wavier forms $45.00 (1-2 Weeks to Complete)

5. Medical letters for landlords, schools, etc. $15.00 (3-5 Days)

6. Physical, camp forms, college forms $15.00 (3-5 Days)

7. 504 Plans $20.00 (1-2 Weeks to Complete)

8. Food Allergy Care Plans

 Asthma Card $10.00 (3-5 Days)

 County School Forms

9. AR Billing Statements $15.00/Child (2 Weeks to Complete)

Tendercare Pediatrics, Inc. **will not** charge for a physical, camp, or college form if it is brought in **within 24 hours** of patient’s physical. We will allow 2 free PE/camp form per year.

As usual, there are no charges for immunization forms and hearing and vision forms (3231 and 3300 forms). We do ask you to allow us 72 hours to complete forms.

THERE IS A **MINIMUM** $30 PER CHART FEE FOR MEDICAL RECORD RELEASE.

**WE WILL NOT HONOR ANY REQUESTS TO WAIVE FEES.**

**I have read the above and have been allowed to ask questions. I authorize TenderCare Pediatrics, Inc. to fax my forms to the school, daycare, job, or any other company (ies) I designate. I understand that it may take up to 72 hours to process the request.**

Parent/Guardian Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent/Guardian Printed Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Patient Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date Of Birth: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_