



COMPLETION OF FORMS

MIDLAND ORTHOPEDIC ASSOCIATES requires payment for the completion of forms the patient asks us to complete on their behalf.

Instructions:

- 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.
- Patient must complete all of their information on the form prior to giving the forms to us.
- Identify if the form will be picked up personally, requires faxing or direct mail. For direct mailing, provide a stamped, addressed envelope.
- **We will make every effort to complete these forms within 10 business days;** however we cannot make any assurance of completion with the patient's time frame(s).
- DMV Disability Placard requests will be completed at no charge to the patient.
- Payment is required **at time of request PRIOR to completion.**

One Page form	\$10.00
Family Medical Leave Act	\$25.00
Disability	\$25.00

By signing below I attest that I have read and understood the above policy. I am requesting the following to be completed:

Patient Acknowledgement:

Name _____ DOB ___/___/___ Tel# _____

Signature _____ Date _____

Last day worked ___/___/___

Please have my form:

Mailed: _____ Faxed () _____ - _____ I will pick up

_____ Attn: _____
