

## Forms Policy

There will be a \$10 fee to fill out FMLA forms, and \$15 for disability forms to be filled out by our office. This fee is per form and must be paid in full before the forms will be completed.

Please allow 7-10 days for the forms to be finished.

By signing this form, I understand the above policy and agree to pay the fee if I have forms to be filled out.

\_\_\_\_\_  
Patient Name

\_\_\_\_\_  
Date