

First Internal Medicine, Prof. LLC

Consultation and Concierge medicine

Igor Huzicka, MD
Tamara Murphy, PA-C, MMS

5950 South Willow Drive, Suite 212
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Charges for completion of forms or written statements

Dear patient:

You or your representative has requested that our office completes one or multiple forms, or that we write a letter regarding your health. We would like to inform you of the following facts:

- The only documentation regarding your health or illness required by law (and included in the office visit charge billed to the insurance company) is an office visit note.
- Completing paperwork for schools, camps, the Family Medical Leave Act (FMLA) claims, long-term care, life insurance, the Department of Veterans' Affairs, disability claims or other purposes is unnecessary duplication and goes beyond routine medical care. **Therefore, it cannot be billed to your health insurance.** Since all forms require our signature, we are personally responsible for the accuracy of information provided. Incomplete or inaccurate information may have far reaching consequences for your case. **Filling out forms thus requires careful consideration and a considerable amount of our time.**

Therefore, it is our office policy to charge for the completion of any form as follows:

- Processing fee of \$25 per form, and
- Completion fee of \$5 per each page.

We will charge maximum of \$50 per form.

We will complete the form(s) and fax it to the designated recipient (or return it to you if you prefer) within 2 business days of the receipt of payment. **Please fill out the attached *Request for disclosure and payment for medical form(s)* and return it to us with payment.** If we already have received the form(s) from you or your representative, we have filled out the attached forms with appropriate information.

If you or your representative requires that we submit a written statement regarding your health, we will contact you to discuss the scope of work. The charge to compose a letter is time based. We charge \$75 per each 15 minutes of physician work, with \$150 (30 minutes) minimum.

You can avoid being charged for the form completion by:

- Completing the form during an office visit, or
- Requesting that the recipient accepts a copy of the relevant office visit note *in lieu* of a form.

If you wish us to use one of these options, please contact our office.

Completion of certain forms, such as school forms, camp forms, sport participation forms, disability determination, may require special examination or update of your medical information that we have on file. In such cases **you will be asked to make an appointment** and we will fill out the form as part of the exam without extra charge.

Thank you for your understanding.

Igor Huzicka, MD
Tamara Murphy, PA-C

Request for completion of medical form(s)

Patient name: _____ **Date of birth:** _____

I hereby authorize First Internal Medicine, Dr. Igor Huzicka & Tamara Murphy, PA-C, to complete the following form(s) which may contain my protected health information and release them to the designated recipient(s):

	Form title	Designated recipient(s)	Number of pages
1.			
2.			
3.			

Patient signature: _____ **Date signed:** _____

Payment for completion of the forms listed above

Calculate the amount due as the grand total for all forms requested:

FORM 1	FORM 2	FORM 3
Processing fee: \$25.00	Processing fee: \$25.00	Processing fee: \$25.00
# pages ____ x \$5 = \$	# pages ____ x \$5 = \$	# pages ____ x \$5 = \$
Total per form1: (if calculated total is greater than \$50, enter \$50) \$	Total per form2: (if calculated total is greater than \$50, enter \$50) \$	Total per form3: (if calculated total is greater than \$50, enter \$50) \$

I attach the check number _____ for the amount of _____ dollars as a payment for the completion of the above form(s).

Please charge my credit card for the amount of _____ dollars as a payment for the completion of the above form(s).

Credit card number: _____ Expiration: ____ / ____

Cardholder's name: _____ Billing ZIP: _____

Security code on the back of the card (CVC2): _____

Cardholder's signature: _____

Please attach the forms to be completed to this cover page and mail everything to our office or fax all pages to 303-706-1900