

PENINSULA KIDNEY ASSOCIATES POLICIES AND PROCEDURES



POLICY: Form Completion Policy/Request Acknowledgment

FORM COMPLETION POLICY

Thank you for choosing Peninsula Kidney Associates. We are devoted to providing comprehensive and well coordinated care. Effective May 1st 2014, Peninsula Kidney Associates will be charging for form completion. You may need us to fill out forms with your health information to present to third parties. These can relate to life/health/disability insurance, DMV issues, Family and Medical Leave act, or any certificates of current medical status. Completing these forms takes administrative time to pull the necessary records, the doctor's time to review the record and then up to an additional 30 minutes to complete the requested form, depending on the complexity. In order to be efficient and complete requested forms on a timely manner, we have developed the Form Completion Policy.

To help us serve your needs, please be aware of the following:

1. Form Copies

Please make a copy of any and all forms prior to submitting them to Peninsula Kidney Associates for completion.

2. Form Completion Requirements

Any form related but not limited to disability, FMLA, or employment accommodations that may involve extensive chart review and/ or examination, **will require an appointment**, unless you have been seen within a year.

3. Form Completion Fee

There is a flat rate fee at **\$15.00** for completion of any form not completed during an office visit. Multiple documents submitted for completion will incur a \$15.00 fee for the first form and \$5.00 fee for each additional form. It should be paid at the time you pick up your form. If you would prefer to pay in full upfront please specify on the Form Completion Request Form. We accept cash, check or credit cards.

Please note that if you are enrolled in the hardship program you will not be subject to this fee. Insurance will not reimburse for form completion.

4. Time for Form Completion

Please allow up to 5 business days from the time you submit your form for completion. Additional time may be needed, depending on the request and the providers' schedule.

Our practice is committed to providing high quality care to our patients. Our fees are representative of the usual and customary charges for our area.

Thank you for understanding our Form Completion Policy. Let us know if you have any questions or concerns.

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

Patient / Guardian Signature

Date