

WASHINGTON PEDIATRIC ASSOCIATES, PC

REQUEST FOR SCHOOL/CAMP/DAYCARE FORM COMPLETION

Parent/Guardian:

I request that forms to be completed for the following patient(s). I understand that there is a **\$20 fee** for DC, MD, VA forms (which will be provided by the office)/**\$25** for more complex/multiple location forms. I further understand that if I have a different form I will provide it to the office. I understand all payments will be made in advance. **The practice will not bill for this service.**

I understand the policy of Washington Pediatric Associates is that there **is a week turn around time for forms**, but during busier times of the year it may take longer and I will be notified. I also understand that forms can not be faxed according to HIPPA guidelines and practice policy.

Patient(s) Name

DOB

Please specify the following (circle one):

(A) Mail to address provided

(B) I will pick up form.

During the day I may be reached at (____) _____, if there are any questions when completing the forms.

Form of Payment (circle one):

Check Cash Visa/MasterCard PayPal

Simple Form Amount \$20.00 X _____ (per child)

Complex form Amount \$25.00 X _____ (per child)

✓ If rush charges () Rush fee \$10.00 (1-2 Days)

Total \$ _____

Signature of Requestor

Relationship

Date

(WPA Office Use Only)

Forms Completed By _____

Date Completed _____