

# 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 **\$30 fee** for DC, MD, VA forms (which will be provided by the office)/**\$40** 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 \$30.00 X \_\_\_\_\_ (per child)

Complex form Amount \$40.00 X \_\_\_\_\_ (per child)

✓ If rush charges ( ) Rush fee \$50.00 (1-2 Days)

Total \$ \_\_\_\_\_

\_\_\_\_\_  
Signature of Requestor

\_\_\_\_\_  
Relationship

\_\_\_\_\_  
Date

(WPA Office Use Only)

Forms Completed By \_\_\_\_\_

Date Completed \_\_\_\_\_