

WASHINGTON PEDIATRIC ASSOCIATES, PC

REQUEST FOR SCHOOL/CAMP/DAYCARE FORM COMPLETION

Parent/Guardian:

I request the attached 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 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 2-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
(Please enclose SASE)

(B) I will pick up form.

During the day I may be reached at ()
questions when completing the forms.

, if there are any

Form of Payment (circle one):

Check Cash Visa/MasterCard PayPal

Simple Form Amount \$30.00 x _____ (per child/form/location)

Complex Form Amount \$40.00 x _____ (per child/form/location)

✓ If add'l charges () Rush fee \$50.00 (1-2 days)

Total \$ _____

Signature of Requestor

Relationship

Date

(WPA Office Use Only)

Forms Completed By _____

Date Completed _____