

# Piedmont Orthopedic Specialists

## **FORMS PROCESSING FEE POLICY**

There will be a **CHARGE** for forms released from our office.

There will be a **processing fee of \$15.00** for forms that need to be completed by our office. This fee covers each instance of disability and is due when forms are submitted to us for completion.

### **PLEASE ALLOW 2 WEEKS FOR PROCESSING OF MEDICAL RECORDS AND FORMS**

By signing below, I am acknowledging that I have received and understand the **Medical Records/Forms Processing Fee Policy** for Piedmont Orthopedic Specialists.

\_\_\_\_\_  
Patient Signature

\_\_\_\_\_  
Date