DOCUMENT COMPLETION PROCESS FORM

Please be advised that our Medical Providers will **ONLY** complete documents **IF** you are a current patient.

A current patient is defined as someone who has with our Psychiatrists.	s completed at least three "3" dates of service
Fee for completing the forms: \$75 per 15 minute complete the documentation.	es of time needed for the provider to
Documentation includes forms and/or paperwork	of any type, requesting the following:
☐ Short & Long Term Disability Claims	
☐ Fitness for Duty/Work Assessments	
☐ Family Leave	
☐ Medical Evaluation Check Lists	
Your signage of this Documentation Completion understanding of its dictates as well as your acceptance.	Process Form demonstrates both your ptances of its provisions.
Signature (Patient, Parent, Guardian)	Date
Signature (Clinical Therapist)	Date