

Cardiology Consultants, P. C.
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Dear Patient,

This letter is to inform you of our new policy regarding completion of forms. Due to the time and medical expertise involved, we now charge a fee of \$5 -\$20 per form which will be collected prior to releasing the form. It will be your responsibility to complete your portion of the form and sign any necessary authorizations prior to submitting the form to us. We will attempt to complete the forms as quickly as possible, however, in order to properly address them we need adequate time to review the medical records.

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Please complete the information below to assist us in completing your form as quickly as possible.

Date: _____

Name: _____ DOB: _____

*Are you currently working? _____ Yes _____ No

First Day off: _____

Please check one of the following options for completed form(s):

_____ Pick up at front desk

_____ Mail to patient

_____ Mail to company (address on form)

_____ Fax to company (number on form)

Thank you for your cooperation!