

Policy and Procedure for Completion of Patient FMLA forms & Insurance Forms

(ALL PATIENTS MUST SIGN THIS FORM STATING YOU ARE AWARE OF THIS POLICY)

Completion of these forms is a service provided by the JRWC for a minimal fee. We will be happy to complete single sheet forms at no charge; however, a \$20.00 charge will be assessed if there are two or more pages to be completed. There will also be an additional \$20.00 charge to make corrections on forms that may have errors that were not due to error on our part.

Please be prepared to pay the fee for these forms when you present them to the clinic for completion. If you are unable to pay the fee, the forms will not be completed and will be returned until the fee is collected.

PLEASE ALLOW 7-10 BUSINESS DAYS FOR COMPLETION OF THESE FORMS

**I have read and understand the JRWC's form completion policies and do hereby agree to accept them.

Patient/Guardian Signature

Date