

Department of Medical Records

203 573-4834

**Patient Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ DOB:\_\_\_\_/\_\_\_\_/\_\_\_\_\_\_\_**Sby ORG Wtby Bnfd

**Form Type: (Circle one) Disability Attending Physician Report Other 3rd Party Form**

**Fees for Disability and Other Third Party Forms as follows: Please note:**

* **All fees must be paid in advance in order to complete.**
* **No form will be accepted without the patient’s portion completed, and all of the doctor’s demographic portion completed except for the medical questions, which will be answered and signed by the physician.**
* **Forms determined by CT Workers Compensation for providers as integral to the visit, will not be charged.**

Paid: $ Date:

Initials:

* **Forms completed within 10 days or less.**

**Fees paid:**

**Disability Form $25 FMLA Form $25 AFLAC $25… other forms $10-25 per form (1-3 pages)**

**DMV/or one page form $10**

**Other Third party Form: $75 or more depending upon scope (7+pages)**

**Medical Report Patient Request $275**

**Patient Signature: Date:**

