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### Medical Forms and Letter Requests

At some point you will likely require a form to be completed for your child. We request that you bring these forms to your child's annual preventative (well child) visit, and we will be happy to complete them **free of charge**, except for the certain states funding application forms\*\*.

However, any form submitted at other visits/times or sibling forms (*if requested on a date other than their annual preventative visit*) will require a payment of **\$10 per form**. Payment is required in advance of preparation of the requested form or letter. **This fee will not be billed to insurance**. Please allow us 3-5 business days to complete. Once completed, we can have the forms available for pick-up at the office, return by secure email or by fax.

#### The following are examples of such forms:

**FMLA, Camp forms, Insurance forms (prior authorization or other), Travel forms, Forms for Daycare/School/College** (such as: Admission, Sports participation forms, Immunization (form 3231), Hearing/vision (form 3300), 504 plans, Asthma/Allergy/Seizure action plans, School Medication forms and Hardship transfers).

#### The following are examples of such letters:

**School requests** such as special diets, extra schoolbooks for home use, etc., **Daycare requests** such as special diet or care instructions, **Special needs placement, Appeals/medical necessity letters for insurance companies, Travel-related issues, Adoption, Recommendations for private school admission, Complicated insurance claim justifications**.

\*\* All State/Federal Forms (**TEFRA, Disability, Social Security, Katie Beckett, etc.**) will incur a charge of **\$100 for initial filing and \$25 for renewals or reprocessing of denials**. This is due to the complicated nature of these forms and the time intensive nature of the extensive supporting documents that are required.

**I have read the above Medical Form and Letter policy for Vickery Pediatrics, LLC and agree with the terms listed.**

Parent/Legal Guardian: (Print) \_\_\_\_\_ (Sign) \_\_\_\_\_ Date: \_\_/\_\_/20\_\_

Child 1: (Name) \_\_\_\_\_ (DOB) \_\_/\_\_/\_\_ Form/Letter requested \_\_\_\_\_

Child 2: (Name) \_\_\_\_\_ (DOB) \_\_/\_\_/\_\_ Form/Letter requested \_\_\_\_\_

Child 3: (Name) \_\_\_\_\_ (DOB) \_\_/\_\_/\_\_ Form/Letter requested \_\_\_\_\_

Child 4: (Name) \_\_\_\_\_ (DOB) \_\_/\_\_/\_\_ Form/Letter requested \_\_\_\_\_

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**Vickery Pediatrics at the Collection – Forsyth**