

Annual Form Fee:

Annual Form Fee of **\$70.00 per patient** with a **family maximum of \$250.00**. This fee will cover completion of unlimited forms from **January 1, 2019 to December 31, 2019**.

We also recognize that some patients need fewer forms to be completed. To those patients, we offer the **(option #2)** of paying per form in accordance with the following fee schedule.

Option 1= \$70 per patient for the year
(Unlimited forms)

Option 2 = each Form \$30.00
Medical Record Copy \$0.65 per page

Please fill out the form and **submit** to the office with payment **only if choosing Option 1.**

Option 1: **YES**, I agree to pay the Annual Form Fee of \$70.00 per patient for the following patients.

(No payment is due at this time for Option 2. Send payment of \$30.00 per form along with forms to be completed as needed)

Please note: Once payment is processed, you cannot switch between options.

Patient Name	D.O.B	Amount
1. _____		\$ _____
2. _____		\$ _____
3. _____		\$ _____
4. _____		\$ _____
5. _____		\$ _____
6. _____		\$ _____
7. _____		\$ _____
Total		\$ _____