



### **Patient Acknowledgment Form – Allergy Form Completion Fee**

At **ENT and Allergy Associates, LLP**, we understand that certain patients may require physicians to complete forms to ensure their safety and appropriate care while participating in certain activities.

Please be advised that a **form completion fee** will apply when our office is asked to complete such documents. This fee is necessary due to the administrative time and physician involvement required to accurately complete these forms outside of your medical appointment.

#### **Form Completion Policy:**

- A **fee of \$25 per form** will be charged.
- Payment is due **prior to or at the time of form submission**.
- Forms will be completed within **2 business days** from the date of payment and submission of all necessary information.
- This fee is **not covered by insurance** and is the patient's responsibility.

We appreciate your understanding and cooperation.

#### **Acknowledgment:**

I have read and understand that I am responsible for a fee for any allergy forms I request to be completed. I agree to pay the required fee and understand that form completion may be delayed if payment is not received.

**Patient or Guardian Signature:** \_\_\_\_\_

**Printed Name:** \_\_\_\_\_

**Patient's Date of Birth:** \_\_\_\_\_

**Date:** \_\_\_\_\_