# SOUTH BEACH MEDICAL

#### FORMS CHARGE POLICY

At **South Beach Medical Associates**, we strive to provide quality medical care as our top priority. Completing forms and documents requested by patients/parents requires additional administrative time and resources outside of normal patient care.

Because insurance companies **do not cover the cost of these services**, a fee will be charged for most forms, documents, letters, and paperwork completed by a physician. Forms are generally addressed **outside of normal business hours**, to avoid disruption of patient care during clinic hours.

## Forms Completed at No Charge

The following forms will be completed **free of charge**:

- School/Sports Physical Form
- Return to School Forms
- Doctor's Certification of Sickness (school/sports excuse)
- Immunization/Shot Records
- Copies of medical records sent to another physician for transfer or coordination of care

#### Forms & Records with Associated Fees

The following forms will incur a charge:

- **FMLA Form** \$35 per form
- **Homebound Instruction Form** \$25 per form
- **Disability Form** \$35 per form
- Florida Department of Highway Safety Medical Form \$35
- Letter of Explanation of Condition/Treatment (e.g., for attorney) \$25 per letter
- **Miscellaneous Patient/Parent Requests** \$25 (if not otherwise listed)
- Copies of Medical Records to Parent/Guardian/Attorney (non-physician):
  - \$1.00 per page for the first 25 pages
  - \$0.25 for each additional page
     (See separate Medical Records Release Form on our website for details.)

## **Instructions for Requesting Forms/Records**

To ensure timely processing, please:

- Submit requests well in advance of any deadlines. While we aim to complete requests within **5–7 business days**, we cannot guarantee completion within your specific timeframe.
- Complete all patient/parent sections of the form before submission.
- Provide a **stamped**, **addressed envelope** if mailing is required.
- Complete a **Medical Records Release Form** if requesting records.
- Submit payment in full at the time of request.

### **Important Notice**

- Payment is **required prior to completion** of all forms.
- Incomplete forms or unpaid requests will not be processed.

We appreciate your understanding as these policies help us maintain efficiency while continuing to provide quality medical care to all of our patients.

SBM-Files-revised 12/16/2024