



FORMS & MEDICAL RECORDS PROCESSING FEES

Thank you for trusting your medical care to La Jolla Village Family Medical Group. Due to the high volume of patients who require paperwork to be filled out and signed by a physician, we have adopted the following guidelines & fees to assist in processing these important and necessary forms.

La Jolla Village Family Medical Group charges a fee for the completion of any form which requires medical information and/or a physician's signature. Please note that there is also a processing fee for all Medical Records requests. Prepayment for all of the above services is required.

LJVFMG's PROCESSING TIME FOR FORMS ARE AS FOLLOWS:

The standard processing time for all forms is 5 business days. If you need a form filled out more urgently, an additional expedited Fee of \$25 will be charged for any request needed in less than 5 business days.

STANDARD FORM FEES:

- \$25 for 1-2 pages
- \$50 for 3-5 pages
- \$5.00 for each additional page

*Please note that the above fees **may be waived if you schedule and come in for an office visit and bring your forms with you. As with any office visit, your copay or deductible will be due at the time of arrival. Please inform our office at the time of scheduling that you have paperwork that needs to be filled out and attested to by your physician.***

STANDARD MEDICAL RECORDS FEES:

- Processing and handling fee of \$15 for up to 15 pages (Printed or digital)
- Additional printed pages @ 25 cents per page
- Additional digital pages @ 10 cents per page

I have read and understand the Form fee and Medical Records request guidelines and agree to its terms and fees.

Patient Name: _____ Date: _____

Patient / Guardian Signature: _____

Front Office Only below this line.

How did we receive the paperwork? FAX / Patient Drop Off/ Other _____

Return document to: _____ Date Document completed _____
Physician: _____ Date Physician received Document _____ Number of pages _____

Fee Amount _____ FEE COLLECTED: YES/ NO Front office preparer Initials _____

