



Sweetwater Pulmonary Associates

Sandip Desai, M.D.

PAYMENT NOTIFICATION

Payment for of all visits, self pay, copays supplements, and all in office tests will be collected prior to being seen.

PLEASE BE AWARE THAT WE CHARGE \$25 FOR COMPLETION OF FORMS, INCLUDING BUT NOT LIMITED TO:

1. Medical Leave of Absence
2. Family Leave of Absence
3. Disability – Short term

To serve you better, we will complete the forms within **2-3 days** upon your request.

Please include the following on the request:

- **Receipt of form with detailed information including:**
 1. The dates the leave/ disability is requested for
 2. Working phone number
 3. Destination to send the completed form to (ex. Fax, email, office pick up)
 4. Receipt of payment \$ 25 (All payments have to be received before forms completion.)
- **For Medical Records:**
 1. In Order to obtain your medical records, there is a \$25.00 fee up to 25 pages and 0.50 per page thereafter.

Thank you for your continued business and understanding of our policy.

We accept cash, checks, Visa, American Express, Discover, MasterCard and FSA (Flexible spending account) credit cards. However, notice that we charge a fee for returned checks or notice of insufficient funds. The charge is \$25 plus your balance.

My signature below indicates my acknowledgment of this notice.

Patient /Guardian Name _____ Date _____

Patient /Guardian Signature _____ Date _____

THANK You!