Form Completion Policy

TUN Health Center requires payment for the completion of forms the patient asks us to complete on their behalf. We receive many requests which require increased administrative time and financial resources in excess of what is normally needed to complete the medical record.

Instructions:

- Submit the form completion request well in advance of when they are needed. We will attempt to complete the forms as quickly as possible however, in order to properly address them we need adequate time to review the patient’s records.
- Patient must complete all of their information on the form prior to giving the forms to us.
- Provide a stamped, addressed envelope to expedite mailing of completed forms.

We will make every effort to complete these forms within 5-7 business days; however we cannot make any assurance of completion with the patient’s time frame(s). Payment is required prior to completion of all forms.

The following forms will be assessed a $25 fee for completion:

- FMLA
- Workers Compensation
- Disability
- Letter of Condition
- Misc. Patient requests

The following forms will be completed at no charge to the patient:

- DMV Disability Placard

By signing below I attest that I have read and understood the above consent. I have been provided a copy of this document for my records

____________________________________________________
Printed Name of Patient (and Patient’s Representative if patient is a minor)

____________________________________________________
Signature of Patient (and Patient’s Representative if patient is a minor) Date