



Psychiatric  
Professionals  
of GEORGIA

*Your Journey to Wellness*

## Provider Fee for Forms

Name: \_\_\_\_\_

Provider: \_\_\_\_\_

DOB: \_\_\_\_\_ Date: \_\_\_\_\_

Best Contact #: \_\_\_\_\_

Please be advised, there is a fee for any patient forms which require your provider to complete them. Fees are as follows:

Type of Form:

Disability Assessment Forms	\$30.00	Disabled/Handicap Form	\$20.00
FMLA Forms	\$30.00	Home Bound Form	\$20.00
Insurance Forms	\$30.00	Home Health Form	\$20.00
Attorney's Request for Records	\$30.00	Bariatric Surgery Clearance Letter	\$20.00
Medical Records Request	\$30.00	Emotional Support Animal Letter	\$20.00
Medical Board Request for Records	\$30.00	Special Accommodations Letter	\$20.00
		Jury Duty Accommodation Letter	\$20.00
		Diagnosis & Treatment Update Letter	\$20.00

**Payment must accompany form.** We accept payment via credit card, debit card, or cash. We do not accept personal checks. Do not send cash in mail.

Every effort will be made to complete your forms as soon as possible. However, please allow **7-10 business days** for completion. We will notify you when your forms are complete and ready for pick up.

### Type of Form to be completed:

### Payment Type:

- Disability Assessment Forms
- FMLA Forms
- Insurance Forms
- Attorney's Request for Records
- Medical Records Request
- Medical Board Request for Records
- Disabled/Handicap Form
- Home Bound Form
- Home Health Form
- Bariatric Surgery Clearance Letter
- Emotional Support Animal Letter
- Special Accommodations Letter
- Jury Duty Accommodation Letter
- Diagnosis & Treatment Update Letter

\_\_\_ Cash  
\_\_\_ Visa \_\_\_ MasterCard \_\_\_ American Express \_\_\_ Other: \_\_\_\_\_

Credit Card Number: \_\_\_\_\_

Expiration Date: \_\_\_/\_\_\_/\_\_\_

Total Fees Charged: \_\_\_\_\_

Total Amt Collected: \_\_\_\_\_