

Louisville Bone & Joint Specialists, P.S.C.

4001 Kresge Way - Suite 100
Louisville, KY 40207
(502) 897-6579 fax (502)357-1682

FORM REQUEST

It is our office policy that all forms requiring completion are subject to a fee that must be pre-paid, following the Fee Schedule below:

Disability / Loan forms	\$10.00 per request
MMI / Impairment Ratings	\$100.00 per report (exam is a separate fee)
FMLA /Unicare /Work Comp	usually no charge for updated status

Forms will not be completed until payment is made. A self addressed stamped envelope is required if the form is to be mailed. Otherwise, the form will be available at the front desk once it has been completed.

NOTE: ALL FORMS REQUIRE 7 -10 BUSINESS DAYS FOR COMPLETION.

Patient Name _____ Account # _____

Type of Request: FMLA / Disability / Loan / Other _____

Contact Unicare / Hartford (update disability)

Instructions for completion: please check one

Please notify me when the form is ready to be picked up at the front desk.

o Phone: _____

Please mail the form when it is complete – I have provided an addressed /stamped envelope.

I authorize Louisville Bone & Joint to release the information necessary for completion of the transaction requested above. This authorization is valid for one year. I have been provided with and understand my rights under HIPAA guidelines.

Signed _____

Today's Date _____

For Office Use Only

Date Received in the office _____ Received By: _____

Payment Type: Cash Check # _____ MC/ Visa Amount \$ _____

Date Posted _____ Posted By: _____

Date Form Completed _____ Completed By: _____

Date mailed / or Patient Notified _____ By: _____