



Form Fee Policy

Patient Services

PATIENT ID LABEL

Dear Patient,

Medical report forms, insurance forms and other miscellaneous forms are subject to a \$20.00 per page fee. This fee is due and must be paid prior to the release of the form.

Your signature below acknowledges you have been informed of this policy and understand your financial responsibility.

Patient Name (please print) Medical Record No. Date

Patient or Legal Guardian Signature

Riverside Medical Clinic Representative Signature Date