

Princeton & Rutgers Neurology, P.A.

A CENTER OF EXCELLENCE

FORM COMPLETION



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Patient Name: _____ Date of Birth: _____

Phone Number: _____ Provider: _____

Beginning September 15, 2021 Princeton & Rutgers Neurology charges a fee for completion of any form which requires medical information and/or a physician signature.

Please **READ** and **INITIAL** the following statements:

The fees are as follows:

- Handicap Parking Placard or License Plate Form: \$5
- DMV Interval Reports: \$5
- Disability Paperwork: \$25
- FMLA (Family Medical Leave Act) Form: \$25
- Work or school accommodations \$25
- Miscellaneous Forms: \$5 - \$25

NOTE: Disability, FMLA, work or school accommodations, and miscellaneous forms are a standard fee of \$25 for up to 2 pages. Forms with more than 2 pages are subject to an additional charge of \$5 per page.

If you are requesting Disability or FMLA, please indicate:

Start date: _____ **Return date:** _____

Changes to any forms that have already been completed and submitted are subject to an additional fee.

Payment is required at the time forms are received by the office.

Princeton & Rutgers Neurology requires **5-10 business days** for the completion of any form. If your paperwork is completed sooner, we will contact you.

I have been informed by the staff member accepting my paperwork that my provider is out of the office until _____ and understand that my forms will be completed upon his/her return.

Patient Signature: _____ Date: _____

Received by: _____