



FORM FEE POLICY

The Doctors and Administrative Assistants of Morgan Kalman Clinic understand the patient’s need to have insurance/work forms filled out during your treatment and or disability. We try to be as helpful and sensitive as we can in understanding the urgency of having your forms filled out and signed by the doctor. This is Morgan Kalman Clinic’s policy on having forms filled out and the costs involved.

From the date insurance/work forms are delivered to our office or faxed to our office we will require seven and in some cases ten working days in order to have the forms completed and ready to be picked up by the patient or faxed to the insurance/work facility.

The forms must contain your name and date of birth when dropped off to our office or faxed to our office. If they do not have your name and date of birth we will be unable to identify who the forms belong to.

Please give the requested seven days before you call the Administrative Assistant to inquire about your forms if you have not already been called to say they are ready to be picked up or faxed.

If you request that the forms be faxed as soon as they are completed you will need to pre-pay your form fee. If you are picking up your forms you may pay at that time or pre-pay whichever is more convenient for you. Form fees are as follows:

- FMLA Forms \$15.00 each form/ each time
- Commercial Disability Form (AFLAC, MetLife, Cuna, Principal, The Hartford, (etc.)..... \$10.00 each form/ each time

MORGAN KALMAN CLINIC’S PRESCRIPTION POLICY

Morgan Kalman Clinic’s prescription requests will be handled 9:00 AM until 3:00 PM Monday through Thursdays and 9:00 AM to 11:00 AM on Friday. Morgan Kalman Clinic’s on call service will not handle prescription requests. We will not handle requests during the holidays when the office is closed. If a request is called in after the stated times; it will be handled the next business day.

When calling in a prescription to Morgan Kalman Clinic’s prescription request line (prompt 3) when calling 302-529-5500, you will need the following information ready. Please speak slowly and clearly. Please spell your last name if necessary.

1. Your name and date of birth
2. Name of medication and dosage
3. Pharmacy name and phone number
4. Your doctor’s name and a phone number where you can be reached in the daytime.

If you do not have this information when you call the prescription request line you will need to hang up and call back.

I have read this information and understand Morgan Kalman Clinic’s policies on Form Fees and prescription requests.

Patient Signature _____ Date _____