



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	Diagnosis & Treatment Update Letter	\$20.00
FMLA Forms	\$30.00	Jury Duty Accommodation Letter	\$20.00
Insurance Forms	\$30.00	Special Accommodations Letter	\$20.00
Home Health Form	\$30.00	Bariatric Surgery Clearance Letter	\$20.00
Home Bound Form	\$30.00	Emotional Support Animal Letter	\$20.00
Disabled/Handicap Form	\$30.00	Customized Letter	_____

**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
- Home Bound Form
- Home Health Form
- Disabled/Handicap Form
- Non-Templated Letter:
- Diagnosis & Treatment Update Letter
- Bariatric Surgery Clearance Letter
- Emotional Support Animal Letter
- Special Accommodations Letter
- Jury Duty Accommodation Letter

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

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

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

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

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