

PENINSULA KIDNEY ASSOCIATES POLICIES AND PROCEDURES

POLICY: Form Completion Request

Demographic Information

Name _____ Date of Birth _____

Address _____ City _____

State _____ Zip Code _____ Telephone _____

Date Form Submitted: _____ Expected Pick-up: _____
Date: _____ Time: _____

Form Information

Type of Form that needs to be completed:

- Disability Forms
- FMLA
- Employment Accommodations
- Other _____

Please select the physician to complete the form:

- Olayiwola Ayodeji, M.D.
- Shuping Wang, M.D.
- Thomas Beazlie, M.D.
- Hoang-Hai Nguyen, M.D.
- Linda Jones-Brandon, CFNP
- Joanne Siu, M.D.
- Merfake Semret, M.D.
- Khalil Dahdah, M.D.

Form Fee (First Form): \$15.00
Each Additional Form: \$5.00 per form

Delivery Options

Please call the following number when the form has been completed:

Telephone #: _____ Alternate Telephone #: _____

I AUTHORIZE THE FOLLOWING PERSON TO PICK UP MY FORM: _____

(Please make sure your authorized person has a state issued ID to present when picking up your form.)

OR

Please forward my forms to the following address and/or fax number:

Name of Agency _____ Fax # _____

Address: _____ City/State/Zip _____

By signing below, I acknowledge that I understand and accept the terms as outlined above for completion of medical forms.

Patient / Guardian Signature

Date

Peninsula Kidney Associates Staff Only:

Patient Account# _____

Document Received By: _____