

PAUL R. WILLIAMSON, M.D., FACS, FASCRS
ANDREA FERRARA, M.D., FACS, FASCRS
JOSEPH T. GALLAGHER, M.D., FACS, FASCRS
SAMUEL DEJESUS, M.D., FACS, FASCRS



RENEE J. MUELLER, M.D., FACS, FASCRS
JOSHUA R. KARAS, M.D., FACS
MARCO FERRARA, M.D., FACS

110 W. Underwood Street, Suite A, Orlando, FL 32806 | Main: (407) 422-3790 | Fax: (407) 425-4358 | www.crcorlando.com

RE: REQUEST FOR COMPLETION OF PAPERWORK

CRC is happy to complete your paperwork such as FMLA, disability, return to work, etc. Please note that all requests must be paid prior to being completed and cannot be completed until the patient has had the procedure. Please leave your paperwork with the patient and/or employer portion filled out. Patients have ONLY 2 options on how to submit these forms.

- You may hand carry your required paperwork to the main office at 110 W. Underwood St. for drop off. Your payment is due at the time of drop off for processing.
- You may email your paperwork to Triage@crcorlando.com. Before doing so you will need to call the billing department to make your payment and attach your paid receipt to that email as proof of payment for processing.

PAPERWORK IS NO LONGER ACCEPTED VIA FAX

Below is our fee list; we will have our triage department complete and submit to the designated party.

FMLA- initial	\$25.00	allow 10 business days for completion
FMLA – follow up	\$15.00	allow 7-10 business days
Disability and other	\$20.00	allow 10 business days
Return to work/school	NO FEE	usually can be completed at your visit

If you have any questions, please contact the Triage Dept. at extension 3014.

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Dear Patient:

Re: Completion of Any Disability, Life Insurance, Auto and Miscellaneous Forms

There is a fee associated with any paperwork submitted. It is the responsibility of the patient to pay this fee **prior** to the completion of the form. Please note these forms cannot be completed until after the procedure/surgery has taken place and the surgical report completed.

Our office policy is that you allow 10 to 14 business days from the date of your procedure/surgery for the completion of all forms. We require that you complete all sections pertaining to the claimant or the insured on the forms submitted, including authorization to release information. According to HIPPA law, these areas **MUST** be completed before any medical information can be submitted. *Please leave all sections to be completed by the physician blank. If these areas are filled out in any way, the forms will be returned, and a new blank form will need to be submitted for completion.* All forms are completed by our nursing staff and then reviewed and signed by our physician.

The above policy applies to all forms submitted for completion. Forms will not be completed without prepayment. Please specify if you would like the forms to be personally picked up, mailed, or faxed.

We thank you in advance for your cooperation and look forward to serving you in the future.

Patient Signature: _____ Date: _____

For office use only:

Account Number: _____ **Paid: Y / N** **Method:** _____

Patient Name: _____

Physician: _____

Date of Procedure: _____

circle one: Pick Up Mail Fax