

**SWEETWATER PULMONARY ASSOC.
Sandip R. Desai M.D. & Manpreet Mangat M.D**

NOTICE

I. If you are qualified for a leave of absence and in the event, you want us to complete the form; We charge \$25 FOR COMPLETION OF FORMS, INCLUDING BUT NOT LIMITED TO:

- A. Medical Leave of Absence
- B. Family Leave of Absence

TO SERVE YOU BETTER, WE WILL COMPLETE THE FORMS WITHIN 3 to 5 BUSINESS DAYS UPON:

- Receipt of form with detailed information including:
 - A. The dates the leave you are requesting for
 - B. Working phone number
 - C. Destination to send the completed form to (ex. Fax, email, office pickup)
 - Receipt of payment \$ 25
 - All payments must be received before forms completion.
- II. In order to obtain your medical records, there is a \$25.00 fee up to 25 pages and 0.50 per page thereafter.
- III. ALL VISIT, SELF-PAY, AND COPAYS WILL BE COLLECTED PRIOR TO BEING SEEN.

My signature below indicates my acknowledgment of this notice.

Patient / guardian Name _____

Signature _____

Date _____

THANK YOU!