

# Stone Spring Pediatrics, LLC

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## Notice of Charge for Forms

Dear Parent/Guardian,

This notice is to inform you that there is a charge for any forms that are filled out other than at an office visit (for example: sports physicals, FMLA forms, daycare forms etc.). This charge can range from \$10 to \$25 depending on the amount of time it takes to fill out the form. Payment for this service is due at the time the completed form is picked up.

By signing this form, I am stating that I understand and will comply with the above notice.

Child's Name: \_\_\_\_\_ Date of birth \_\_\_\_\_

Parent's Printed Name: \_\_\_\_\_ Date: \_\_\_\_\_

Parent Signature: \_\_\_\_\_