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### **Record and Form Fees**

## **EFFECTIVE IMMEDIATELY:**

THERE WILL BE A **\$30.00 FEE** (PER FORM) THAT MUST BE COMPLETED BY OUR OFFICE. PAYMENT OF THIS IS REQUESTED UPON LEAVING THE FORM WITH THE OFFICE. THERE WILL ALSO BE A FEE OF **.20 PER PAGE** FOR ANY PATIENT REQUESTED MEDICAL RECORDS.

PLEASE ALLOW **5-7 BUSINESS DAYS** FOR PROCESSING.

THANK YOU FOR YOUR PATIENCE AND COOPERATION.