

BAY AREA PEDIATRICS REQUEST FOR FORMS COMPLETION (3/26)

***** FORMS ARE COMPLETED IN THE ORDER IN WHICH THEY ARE RECEIVED*****

To ensure the safety and well-being of our patients, ALL forms submitted for completion require a chart review by a Provider.

ONLY ONE CHILD PER REQUEST

Today's Date: _____ Patient Name and DOB: _____

Parent/Guardian requesting forms and Contact No: _____

CAMP, DAYCARE, SCHOOL, SPORTS FORMS: To complete forms, the child must have had a current physical with BAP within the last 365 days OR sooner based on your form's requirements.

MEDICATION FORMS: The medication must be a current and active prescription. The form must be completed by the parent in advance (medication name, dosage, strength, reason form medication, time of administration). No fee for medication forms.

IMMUNIZATION RECORDS: There is no fee for immunization record MDH Form 896.

LETTERS: To write a letter, the condition/concern must have been recently addressed in the office with a Provider and the patient must have had a current physical with BAP within the last 365 days.

****NOTE**** Please ensure you have fully completed your portion of the form before submitting it to us. Incomplete forms will be returned, and processing will only begin once the parent section has been properly completed and received.

_____ **YES, I ACKNOWLEDGE THAT I HAVE READ ALL INSTRUCTIONS ABOVE**

The acknowledgment must be checked before we can proceed

Please select one of the options below (*business days are Monday through Friday*)

_____ Forms Standard \$10.00 Fee 5 FULL business days to complete

_____ Forms STAT \$20.00 Fee 2 FULL business days to complete

_____ Forms FMLA \$25.00 Fee 7 FULL business days to complete

_____ LETTER \$20.00 Fee 3 FULL business days to complete

_____ I would like my forms uploaded to the portal _____ I would like to pick up my forms in person

Once the document has been completed, you will receive a message through the portal with an update on their status, instructions to collect payment, and/or access to the completed forms.

FOR OFFICE USE ONLY

DATE of LAST PHYSICAL: _____ DATE/TIME REQUEST RECEIVED: _____

BILLED: _____

AMOUNT PAID: _____