



PROVIDER AND PATIENT AGREEMENT ON FILLING OUT FMLA, DISABILITY (STD/LTD), OR OTHER RELATED DOCUMENTATION

At Foresight Mental Health, we understand that members may need to take a period of time off from work or have other reasons that may require support from your provider. We are here to assist by completing the appropriate documentation or sending/faxing your medical records (must sign a release first). Prior to assisting with these needs, here are the following requirements that you must understand and agree to before we can assist. Note: Therapy providers are not able to complete disability. Disability must be completed by and at the discretion of your NP or MD.

Requirements:

1. Your provider must be in agreement with your request.
2. Paperwork/forms will NOT be filled out on the first appointment and will be approved **at the discretion of the provider.**
3. You must attend your scheduled appointments on a regular basis as determined by your provider.
4. Only your provider can change the frequency of your sessions.
5. Excessive cancellations or reschedules may result in a termination of services. After the 3rd cancellation and/or reschedule of an appointment, the member may be terminated due to noncompliance at the discretion of the provider.
6. **Paperwork Fee:** A minimum of fee of \$50.00 will be charged for completing any paperwork/letter/form/etc outside of standard medical requests.
 - a. Disability: Initial - \$75.00; Renewal - \$50.00
 - b. FMLA: Initial - \$75.00; Renewal - \$50.00

The final dollar amount depends on the complexity and time required to complete the documentation and is at the discretion of your provider. The appropriate fee must be paid prior to paperwork being filled out and sent/faxed.
7. **Timeline for Completion:** Turnaround time to complete requested paperwork is 10 business days and commences after fees have been collected.
8. **Sending Medical Records Fee:** The fee for sending printed medical records is \$25.00 with an additional \$0.05 per page over 50 pages. Fees must be paid prior to sending medical records.
9. A release of information must be filled out by the member prior to sending paperwork and/or medical records.
10. Not abiding by these guidelines may result in termination of services and the appropriate personnel will be notified that the provider will no longer support the member’s FMLA/Disability/Related Concern claim due to noncompliance with the treatment plan.

By signing below, you agree to these requirements and acknowledge that you are fully aware and understand these requirements.

Member’s Name

Member Signature

Date

Provider’s Name

Provider’s Signature

Date