

# Forms Completion Policy & Request

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## **PURPOSE:**

Our offices receive a substantial volume of patient paperwork requests which do go beyond routine medical care, are not associated with direct medical care provided at that time, and/or above what medical offices are required to provide by law.

Additionally, our providers are personally held liable for the accuracy of information provided which is why forms and endorsements require careful consideration and considerable time.

Due to the extensive overhead burden, our policy on Forms Completion will be in effect as of January 1, 2025 for all Wholehealth Chicago locations and providers.

## **POLICY:**

We have separated requests into Forms or Endorsements for clarity below. Generally this policy pertains to external documents that require a healthcare provider to authenticate a patient's condition or provide a signature to verify information. These forms are not guaranteed to be completed as they are completely at the provider's discretion.

**FORMS** are typically lengthy documents above 1-2 pages that do require a complete chart review, more than 5 minutes of time, and often benefit the patient financially.

### **Form Examples include:**

- FMLA or work restriction related documents
- Pre-surgery clearance
- Academic medical withdrawal documentation
- Flex spending medical necessity forms (not the "super bill" receipt - the Med Necessity Form requires medical diagnosis and written plan)
- Disability documentation (for application, renewal, or parking permit)
- Clinical summary to send to other healthcare providers
- Provider Certification letter to complete State of IL Medical Cannabis Card application

**ENDORSEMENTS** are shorter forms whose topics have been discussed with the provider within two weeks at previous visit. The patient must have a physical examination on file within the previous 12 months. These simple forms typically require only a signature without chart review.

### **Endorsement examples include:**

- Permission to carry DME or a Medication on your person in airport/airplane.
- Confirming that a minor was present for a visit with our clinics on a date for class absence.
- Medical clearance to participate in a research study or for acceptance at an educational institution (adult patients only).
- Return-to-Work medical clearance or for fitness participation.
- Wellness Screening Form provided by employer with basic lab and vitals at last examination.

**PATIENT PROCESS TO REQUEST A FORM OR ENDORSEMENT:**

Fees are not able to be billed to an insurance carrier because they are beyond routine medical care, but are based on the “usual and customary” rates. Fee will be applied to your credit card on file.

- Processing Fee \$ 50 per Form
- Processing Fee \$ 25 per Endorsement

To request a Form or Endorsement, please follow these steps:

- Please complete the request form below and email to:  
*MedicalRecordsRequest@wholehealthchicago.com*
- Submit with your paperwork request, with the patient portion completely filled out
- Payment must be included and will be processed prior to provider’s initiation of documentation

Upon receipt of your processed payment and the forms above, documentation will be provided by Wholehealth Chicago **within five (5) business days** (excluding weekends and holidays).

**NOTICE - WE DO NOT WORK WITH THESE TYPES OF FORMS OR ENDORSEMENTS:**

- Paperwork related to minor patients should be done through pediatricians (such as: Medication/DME permission to carry on person at school, medical clearance for sports or camps, return-to-school forms, and Child Care/Day Care forms).
- Assisted Reproductive Technologies related paperwork (surrogacy, egg harvesting, sperm donation)
- Subsidized Housing applications
- Any cases involving litigation, including disability related
- Certification of service animals

Forms outside of those examples listed above may be requested for consideration. We will be able to send medical records for these needs however.

Patient Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

\_ Form Requested: \_\_\_\_\_

\_ Endorsement Requested: \_\_\_\_\_

Credit Card # \_\_\_\_\_

Expiration Date (MM/YY) \_\_\_\_\_ 3 Digit Code \_\_\_\_\_ Billing Zip \_\_\_\_\_

*\* I acknowledge this payment will be processed and I will not attempt to block it or report to credit card.*

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_