



Name _____
Date of Birth _____
Date _____

Fee for Form Completion

Due to an increase in requests and demands by third parties for form completion, Baylor Scott & White Center for Inflammatory Bowel Diseases will begin assessing a fee for such completion. This fee is intended to compensate the physician for the time and expertise required to review and complete the necessary forms.

Effective immediately, the fee of \$25 will apply to each form completion requests. All usual methods of payment are accepted. Payment must be made before the completed form is released. Once payment is made, we commit to completing your form within 14 business days. Please plan accordingly when submitting your form(s).

Informations needed from Dr. Dassopoulos to complete the forms:

1. Specify the deadline date (less than 14 days requests must be approved)

2. Provide an exact description of your job

3. Provide the activities that you are able to perform

4. Provide the activities you are not able to perform

5. Provide exact dates and reasons for all of the requested periods for medical leave and/or disability

6. Please provide any additional information you feel may be of help
