



Advanced Orthopedic Specialists

Providing state of the art orthopedic care in a friendly environment

2305 Genoa Business Park Dr., Suite 170, Brighton, MI 48114

Tel: 810-299-8550 Fax: 810-844-0837 www.advancedortho.net

Laith Farjo, M.D.

Michael Peters, PA-C Jay Peterson, PA-C
Jodi Branyan, PA-C

Edward Loniewski, D.O.

Heather Cresmen, PA-C

Robert Mihalich, M.D.

Matthew Kenny, PA-C

Form Policy

Date: _____

Dear Patient:

This letter is to introduce you to our office policy concerning the processing of your insurance or disability form.

- **There is a \$10.00 charge for processing each form.** This fee must be paid before the completed form will be released from our office.
- **Forms may take up to three to five business days to complete.**
- **As a courtesy, we will either mail your form to one place, fax it to one place, or you may pick it up.**

CHOOSE ONE OF THE FOLLOWING

____ Picked Up

____ Mailed If so, to where? _____

____ Faxed Fax Number: _____

Patient Name: _____ D.O.B. _____

Daytime Phone Number: _____

First Date of Disability: _____

Expected return to work date: _____

Body part form is pertaining to: Right or Left _____

Office use only:

PAID: YES _____ NO _____ # of Forms _____

Amount Paid: _____ Initials: _____ **LAF EGL RMM**