Southern Orthopaedic & Surgeons

(334) 613-9000 • www.sos-ortho.com

# Form Request

Form received by:_____

Form Fee Collected: YES or NO Patient Paid: $_____

Paid by: CASH CHECK CREDIT CARD

Update: YES or NO Total Number of Forms: _____

Form Expires on:____/_____/_____

Patient Name: _____ DOB: _____/_____/_____ Patient #: _____

Address: _____ Phone: _____

City: _____ State: _____ Zip: _____

## Method of Delivery

☐ Mail to the patient (address provided above)

☐ Mail to the Insurance Company (complete mailing address must be provided)

Mailing Address: _____

☐ Fax to Insurance Company

☐ Patient Pick up

☐ Montgomery ☐ Prattville ☐ Wetumpka

## Additional Information/ Special Requests

Is this due to an accident: _____ Is the accident work related: _____

Body Part: _____

## A fee of $35.00 per form is due at the time of the initial form submission.

Requests for updates are completed up to 90 days after signature. After 90 days, an additional $35.00 fee will be accessed.
I authorize Southern Orthopaedic Surgeons, LLC to release medical information regarding disability claims.

Signature: _____ Date: _____/_____/_____

*This authorization expires in 90 days from the date of signature.*

*All forms are completed in the order that they are received. Please allow 7 business days for completion of forms. All form fees are due when the request is submitted. Should you have any questions, please call 334-613-9000 (extension 226.)*