



PAPERWORK REQUEST FORM

Today's Date: ____/____/____

Child's Name: _____ Date of Birth: ____/____/____

Primary Physician: Hamm Loeb Nagy Speropoulos Gatz Allen

Please return my form via (please check one):

- Patient Portal
- Mail – Address _____
- Fax – Fax Number & Facility Name: _____
- Pick up – Phone Number: _____

(We will call you when the form is ready for pick up)

Please check one of the following. Payment is expected before completion.

- \$10 – Form will be completed in 7-10 **Business Days** from date of payment
- \$25 – Form will be completed within 48 **Business Hours** (additional "Rush Fee" of \$15) from date of Payment. **(Rush Only)** Date form needed by: ____/____/____
- \$40 – FMLA & other complex paperwork (will be available within 14 business days) from date of Payment – these cannot be done on a rush basis

Please check one of the following:

- I will pay with card or check today - CHECK#: _____ Employee Initials: _____
 Select Card: VISA MC DISC AMEX
 Card No. _____ Exp. Date _____ Sec.Code _____
- Please charge my card on file. I am aware I am responsible for my card on file being current
 - DATE CARD CHARGED: ____/____/____

Printed Parent/Guardian Name: _____ Parent/Guardian Signature: _____
(or Patient if 18 yrs or older) (or Patient if 18 yrs or older)

Please complete this paperwork request form in black ink only and attach it to the form you need completed by your physician.

You submit your request via:

Email medicalrecords@LeawoodPediatrics.com
 Fax 913.948.9128
 Mail/Person 5401 College Blvd, Ste 101, Leawood, KS 66211

-----OFFICE USE ONLY-----

Last Well Visit: ____/____/____

Payment posted to account: ____/____/____ in the amount of \$ _____ Employee Initials: _____