

Thank you for choosing South Seminole Surgical Group

Your **Co-pay** is expected at time of service

Referrals: If your insurance requires a referral please make sure you have referral prior to your appointment.

***Please Note if you don't have a referral at time of service we are unable to see you. You must **contact** your **PCP** and have them fax it to us.

Fax # 407-767-5892

Forms/ Letters Policy

All Forms and Letters to be completed by South Seminole Surgical Group have a fee of **\$25.00**, fees will be due before letters or forms are completed.

Short Term Disability
Long Term Disability
FMLA form

Signature of patient, parent, or legal guardian

Date

Printed Name of patient, parent, or legal guardian

Witness