

Scott E. Glaser, MD

Ira Goodman, MD

Scott McDaniel, MD

You have requested Pain Specialists of Greater Chicago to fill out a form. Your physician can only **complete appropriate medical forms that relate to your treatment plan. We are unable to complete forms for disability that were not started by a PSGC physician**.

Forms for discharging of **credit card bills, electric bills, mortgage bills, or car payments** will **NOT** be completed by PSGC. If you have any questions as to the appropriateness of a form, please ask **before** submitting the forms.

**A fee of $25.00 is due PRIOR to any form being completed by this office.** This fee CANNOT be billed to you and it is NOT a charge that is covered by most insurance policies.

**You may pay this fee by cash or debit/credit card. We do not accept personal checks**

It takes approximately 7-10 days for most forms. **Once the form has been completed and signed by the physician (this varies as to when the physician is in the office),** we will call you. At your request the forms may be picked up by you or mailed/ faxed to your insurance company.

If you have any special request or information that will be needed for the forms, please contact us.

**To expedite the forms process as quickly as possible, please complete the following information:**

Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ DOB:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Home Number:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Mobile Number:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date last worked:\_\_\_\_\_\_\_\_\_\_\_ Presently working: Full-time \_\_\_\_\_ Part-time \_\_\_\_\_ Not working \_\_\_\_\_

Time off required for form: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date restrictions and limitations began: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Forms to be **mailed** to: Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Form to be **faxed** to: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Form to be picked up: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Thank you for your cooperation, Payment amount\_\_\_\_\_\_\_\_\_\_\_\_\_ Payment type\_\_\_\_\_\_\_\_\_\_