

THE WELLNESS INSTITUTE OF MICHIGAN

Fee Schedules for Provider Correspondence

**FMLA/Disability Forms—Initial request: Completed and sent to employer: \$50.00

**Subsequent FMLA/Disability form completion for employer: \$20.00 per incidence.

**FMLA/Disability Forms—Initial request to insurance company: \$50.00

**Subsequent FMLA/Disability Form completion for Insurance Company: \$20.00 per occurrence.

**Letter to request leave of absence from work or school: \$25.00

**Written correspondence to physician/attorney, etc., on patient's behalf: \$50.00 per 30 minutes of time spent by provider and/or office staff.

**Letter to request to be excused from work/school to attend a therapy appointment: No charge.

Please note: These charges are charged directly to the patient, as insurance does not cover these types of fees. The fees must be paid before any paperwork will be released on behalf of the patient.