West End Ob\Gyn, PC
7601 Forest Avenue
Suite 100
Richmond, Virginia 23229

Re: Processing of Disability, Leave of Absence Form or Insurance Form:

Patient Name:_____ SS# _____-____-_____

Dr:_____

From:_____

Patient responsible for Thirty Five ($35.00) processing charge fee.

Method of payment: **Practitioner:**

Cash $_____ **Davis____ Dausch____ Murray_____**

Check# $_____ **Mahoney___ Jones___**

Charge Card #_____ Amount $_____ Expiration Date____

THIS IS A MISCELLANEOUS CHARGE THAT WILL NOT BE BILLED TO YOUR INSURANCE COMPANY.

Carolyn McDaniel
Practice Manager