



In the Iowa District Court for _____ County
County where Claim is filed

In the Matter of _____,
Respondent *Full name: first, middle, last*
**Alleged to be a Person with a
Substance-Related Disorder**

No. _____
Claim for Physician Fees

Iowa Code § 125.80(1)

1. I, the undersigned physician, state that pursuant to Iowa Code section 125.80(1), I examined Respondent, alleged to be a person with a substance-related disorder, and that services have been completed as set forth in the itemized statement provided with this Claim and that I have not directly or indirectly received or entered into a contract to receive any compensation for such services from any sources.
2. I request an order to be compensated in accordance with the provisions of Iowa Code section 125.80(1).

3. Oath and signature

I, _____, have read this Claim, and certify under
Print your full name: first, middle, last

penalty of perjury and pursuant to the laws of the State of Iowa that the information provided in this Claim is true and correct.

_____, 20____
*Month Day Year Claimant's signature**

Mailing address City State ZIP code

(____) _____
Phone number Email address Additional email address, if applicable

**This form may be signed either by using a digitized signature, see instructions at <https://www.iowacourts.gov/for-the-public/court-forms/>, or by printing and hand-signing.*