



GUIDELINES FOR COMPLETION FMLA/SHORT-TERM DISABILITY FORMS

As a convenience to our patients, our office is more than happy to complete your Family Medical Leave Act (FMLA) or Short-Term Disability paperwork for you for a fee of **\$25.00**.

Please:

- Allow two weeks for the completion of any forms.
- Leave all sections to be completed by the healthcare provider **blank**. If you improperly complete a form it may cause delays and/or we may request a new form from you.
- Understand that if your short-term disability form does not include a signed medical release, you will be required to complete our Authorization to Use or Disclose Medical Information.
- Let us know if you would like your form faxed, mailed or picked-up in person.
- **Know that we will contact you when your paperwork is completed.**

Date: _____/_____/_____ Patient's Name: _____
Last First

DOB: _____/_____/_____ Patient's Telephone Number: _____-_____-_____

Fax to Company: Attention: _____ Fax#: _____-_____-_____

Mail to: Home Company: Name: _____

Address: _____

Pick-up: Signature of person: _____

Relationship to Patient: Self Spouse Other _____

We thank you in advance for your cooperation!