Maryanne McDonnell, M.D. Pamela L. Lewis, M.D. Martin J. Hancock, M.D. Katerina M. Michaels-Bogdan, M.D. Danielle M. Grieco, M.D.



Sreedhar Tallapureddy, M.D. Sarah E. Graceffa, M.D. Jacqueline E. Calvo, M.D. Maura T. Aaberg, MSN, CNM

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 Nar	me:	
	Last	First
DOB: / Patient's Tele	ephone Number:	
Fax to Company: 🗌 Attention:	Fax#:	
Mail to: Home Company: Name		
Addre	ss:	
Pick-up: Signature of person:		
Relationship to Patient: Self 🗌 Spouse 🗌 Oth	ner	
We thank you in advance	for your cooperation!	
ECHN Medical Building 2600 Tamarack Avenue, Suite 200 South Windsor, CT. 06074 Tel: (860)646-1157 Fax: (860)646-9877 Revised 8/16/2012		Glastonbury Wellness Center 622 Hebron Avenue, Suite 104A Glastonbury, CT. 06033 Tel: (860)646-1157 Fax: (860)646-9877