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 |