



John M. Henderson, D.O.

PAPERWORK REQUEST COVER SHEET

CONTACT INFORMATION

NAME: _____ DOB: _____
PATIENT NAME: _____ DOB: _____
PHONE: _____ EMAIL: _____
PERSON(S) AUTHORIZED TO PICK UP: _____

REASON (Circle One)

- FMLA SHORT TERM DISABILITY LONG TERM DISABILITY
JURY DUTY PHYSICIAN LETTER OTHER PHYSICIAN(S) FORM
RENEWAL MISCELLANEOUS

TIMELINE

DATE FIRST STARTED: _____ AUTO ACCIDENT RELATED: Y ___ N ___
DATE FIRST TREATED: _____ TREATING PHYSICIAN: _____
PERMANENT / INTERMITTENT: P ___ I ___
IF INTERMITTENT: _____ HRS per DAY / _____ DAYS per MONTH

DX'S/CONDITIONS

DIAGNOSIS(ES) CONCERNING THE MEDICAL ISSUE ABOVE:

ANY ADDITIONAL INFORMATION: _____

SIGNATURE: _____ DATE: _____



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PATIENT COPY

STAFF MEMBER ACCEPTING THE PACKET: _____ DATE: _____

1. There is a 1 business day packet review turn-around time. The doctor/nurse will review the request and approve or disapprove. They will determine if there is a fee for the request.
2. Once a decision has been made you will receive a call. They will advise of the decision, any fee(s), and any additional information needed.
3. Once approved there is a two week turn around for completion. Normally the paperwork is completed a lot sooner, but it may take up to two weeks.
4. If denied, you will be told why, and if there are any other options.

SUBMISSION

1. **FAX:** Most paperwork we complete requires the doctor to fax it directly to your HR Department. Once completed, it will be faxed. A copy of the paperwork along with the fax confirmation will be put in your electronic chart.
2. **PICK-UP:** Most other requests can be picked up at the front desk. Once the request is complete you will receive a call to come pick up. You will be given the original, and a copy will be sent to your electronic chart. Person(s) other than patient authorized to pick up the packet will have to show **photo ID**.
3. **EMAIL:** If you select email, the request will be scanned and sent through an encrypted HIPAA complaint email server. There is no extra charge.
4. **POSTAL MAIL:** If you select postal mail there will be a **minimum charge of 10 dollars** in addition to any other fee(s). We are required to send all patient records priority mail with signature confirmation, and it will only be sent to your address on file.