

# Form Completion Request Community Medical PA

Not answering every question on this form may delay us in getting your completed form to you. You must also complete and sign the "Authorization for the Disclosure of Health Information" for us to release your medical information. Please note, some forms require face to face documentation with the patient and provider and this may require a visit to discuss and evaluate form needs.

Patient Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

If form is on behalf of a family member, please add name:

\_\_\_\_\_

Today's Date: \_\_\_\_\_ Phone: \_\_\_\_\_

Email Address: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Important questions...

Did you miss any work?    \_\_\_\_ Yes    \_\_\_\_ No    \_\_\_\_ N/A

• If so, what dates? \_\_\_\_\_

• Reason missed work: \_\_\_\_\_

• Injury description:

\_\_\_\_\_

\_\_\_\_\_

Type of form:

(i.e. disability, FMLA, camp, day care, insurance, etc.) \_\_\_\_\_

How would you like to receive your completed form?

\_\_\_\_ Call me when ready at this number: \_\_\_\_\_

\_\_\_\_ Fax to this number: \_\_\_\_\_

When do you need your form? (Please allow 7-10 work days for form completion):

\_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

For Office Use Only:

New Request \_\_\_\_\_

Paperwork fees paid/collected: \_\_\_\_\_

Needs Provider Signature \_\_\_\_\_

Form Completed \_\_\_\_\_

Sent/Faxed/Mailed and Filed \_\_\_\_\_

Request Completed \_\_\_\_\_