

FMLA/DISABILITY FORM(S) INFORMATION

Costs $40 in advance

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

Patient’s Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ DOB: \_\_\_\_/\_\_\_\_/\_\_\_\_\_\_

Payment: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date Paid: \_\_\_\_/\_\_\_\_/\_\_\_\_\_\_

Due to the abundance of FMLA and disability forms, we feel it necessary to inform you that it may be 7 to 10 days before your form is completed. We do realize that your income may be dependent on the completion of this form. We apologize for any inconvenience this may cause you. This form is designed to speed up the process of completing your disability form. Paid disability length can be limited by your disability, insurance provider, or employer. Most of these will only grant 6 weeks paid leave for any delivery, whether vaginal or C-section. Unpaid FMLA is a federal benefit up to 12 weeks. Please fill out the portion below.

You have missed or will miss work due to:

\_\_\_\_ Illness complicating pregnancy

\_\_\_\_ 6 week leave due to delivery of infant (Vaginal delivery or C-section)

\_\_\_\_ 8 week leave due to delivery of infant (C-section delivery)

\_\_\_\_ Leave due to scheduled or emergency surgery

\_\_\_\_ Family Medical Leave Act

\* Will you be off 12 weeks? If not, how long? \_\_\_\_\_\_\_\_\_\_\_\_\_\_

\* How long will a family member be off? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Family Member Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

If you were off work due to illness, please check one that applies to you:

\_\_\_\_ I was off work from \_\_\_\_/\_\_\_\_/\_\_\_\_\_\_ to\_\_\_\_/\_\_\_\_/\_\_\_\_\_\_ due to illness, but I am back at work now, or I need to go back on \_\_\_\_/\_\_\_\_/\_\_\_\_\_\_

\_\_\_\_ I have been off work since \_\_\_\_\_\_\_\_\_\_\_\_\_ and I will not return until after delivery.

If you have not delivered or had scheduled surgical procedure done yet, does this form need to be completed now or after delivery/surgery? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

When your forms have been completed, we should:

\_\_\_\_ Call you to pick up the form at (\_\_\_\_\_) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ from the office.

\*7855 S. Emerson Ave, Suite D 46237

\_\_\_\_ Email to you at \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_ Email to your insurance company at \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\*understand the email is not a HIPAA compliant form of communication

**Please add any additional information you feel would be necessary to complete this form. Please complete the patient or employee’s portion prior to turning in the form.**