

## FMLA / Disability Form

**Please make sure ALL employee (patient) information has been filled out and ALL required signatures are present. Forms will not be filled out until ALL sections are completed by the employee (patient).**

**There is a \$15 fee for the completion of the forms. It is due prior to the release of the forms. Please allow up to 14 business days for completion.**

Today's Date: \_\_\_\_\_ Doctor: \_\_\_\_\_

Patient's Name: \_\_\_\_\_ Date of Birth \_\_\_\_\_

\*\*\*\*\*

Type of Leave Form Left for completion	<b>FMLA</b>	<b>DISABILITY</b>
--	-------------	-------------------

Does the form need to be faxed?	<b>YES</b>	<b>NO</b>
---------------------------------	------------	-----------

If **YES**, what is the fax number? With area code \_\_\_\_\_

If **NO**, the form be picked up by: \_\_\_\_\_

Name	Relationship
------	--------------

What is the BEST phone number to reach you at? \_\_\_\_\_

Estimated Last Day of Work: \_\_\_\_\_

Estimated Return to Work: \_\_\_\_\_

\*\*\*\*\*

Amount Paid: \_\_\_\_\_ By **CC** **CASH** **CHECK**

\_\_\_\_\_ Charge posted

\_\_\_\_\_ Payment posted

