

FMLA

Patient Name: _____; If other than patient name of person requesting FMLA and relation: _____

Phone: _____

Patient DOB: _____

Would you like your paperwork:

Faxed; Fax Number: _____

Picked Up (all paperwork must be picked up within 30 days or the originals will be shredded and a copy from your chart will be provided to you)

Both Faxed and Pick Up (paperwork requested for pick up will only be held for 30 days)

*****ALL HOMEBOUND PAPERWORK IS FAXED FROM OUR OFFICE DIRECTLY TO THE SCHOOL*****

Reason for FMLA:

1st day off work:

Estimated Return To Work Date:

_____;

Things to know:

- All FMLA paperwork is completed on Mondays and we make every effort to have your paperwork completed within **7 days** of being delivered to our office, in some cases this may take longer. It is advised you check with your employer to see what the policy is and make sure your paperwork is here on time to be completed within the guidelines set by your employer.
- We complete all paperwork for leave requested from your chart with our office notes provided by your physician. This includes and labs, testing and office visits. We fill out paperwork based on your physicians notes and information cannot be altered for leave claims. Please check with your employer to verify valid reasons for being off due to pregnancy or illness.
- ***If you need your paperwork expedited there is a \$20.00 charge per set of paperwork completed that must be paid prior to your paperwork being completed.***
- Please let us know at your post partum visit if your employer needs a "Return to Work" statement so we can have that completed prior to your date set by your employer to resume working.

Patient Signature: _____ Date: _____