## PLACE LABEL HERE



## FORM COMPLETION REQUEST

Disability Benefits / FMLA Authorization

Thank you for choosing EmergeOrtho for your medical care. We understand your employer may require FMLA or Disability forms outlining your expected absences from work while under our care.

Payment in the amount of **\$35.00** is due before processing of your request will begin. For your convenience, we have partnered with RecordQuest to take electronic payments and keep you up-to-date on the status of your request. After your form has been completed, you will be able to securely download a copy for yourself through RecordQuest. Additionally, we can submit the form directly to your employer.

Please complete the information below and allow up to 10 business days for the forms to be completed by our staff.

		/ /	
Patient First Name	Patient Last Name	Date of Birth	Your Doctor's Name
Body Part Injured	/ Expected Retu	rn to Work//	
○ Email	notifications about the status of you ail Address  bile Phone  Phone		
Delivery Information  Send me a link for securely downloading my completed form at the notification method specified above.  Delivery the completed form to the company below (make sure to specify at least one delivery option).  Company Name  Email Address  Fax Number  Address			
I authorize EmergeOrtho to release information and records as necessary to complete processing of my disability claim, excluding alcohol, drug abuse treatment information, psychiatric treatment, HIV testing or AIDS information. I acknowledge this form is valid for one year from the date I sign and may be revoked at any time by providing written notice to our Medical Records / Legal Department.			
Signature			



EmergeOrtho has partnered with RecordQuest to collect payments, complete forms, and provide status updates. You may receive communications from RecordQuest during the form completion process. Any information you share is used strictly to fulfill your request.

## BACK COVER PAGE PLACE ALL FORMS BETWEEN