



EmergeOrtho

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.

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

Form fields for Patient First Name, Patient Last Name, Date of Birth, and Your Doctor's Name.

Form fields for Body Part Injured, First Day Out of Work, and Expected Return to Work.

Form section titled 'How would you like to receive notifications about the status of your request?' with radio button options for Email, Text Message, and Automated Call.

Form section titled 'Delivery Information' with checkboxes for delivery preferences and fields for Company Name, Email Address, Fax Number, Address, City, State, and Zip.

Form section containing an authorization statement and fields for Signature and Date.



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.

PLACE LABEL HERE

BACK COVER PAGE
PLACE ALL FORMS BETWEEN