

Short Term Disability/ FMLA

***Most employers today are requiring short term disability and/or FMLA paperwork completed when an employee misses several consecutive days of work.

Please read carefully and initial and sign the policy for Memorial Advanced Surgery on getting these forms completed. Please sign even if you do not think you will need forms completed.

_____ I will allow at least 5-7 days for my surgeon and staff to complete the forms

_____ There is a \$25.00 fee to complete these, insurance does not cover this

_____ There will be a specific staff member assigned to my forms

_____ Forms cannot be completed during an office visit.

_____ If I need the forms faxed directly to my employer, I will supply the number.

_____ I am responsible for following up on the status of my forms before their due date.

I give my permission for Memorial Advanced surgery to communicate with my employer and their insurance representatives regarding any and all requests for the completion of Short Term Disability and/or FMLA.

Printed Name

DOB

Signature

Date