Denton Obstetrics & Gynecology

FMLA AND DISABILITY FEES INFORMATION

Today's Date: _____

Patient's Name: _____ Date of Birth: _____ / _____ / _____

Main Contact #:_____ Doctor: _____

Our fee for completing FMLA or Short Term Disability forms is: $30.00 for pregnancy. Payment must be received before information will be mailed, faxed, or picked up. Please allow up to seven business days for completion of all forms. The office will contact patients upon completion of forms. If for any reason you are unable to pick up forms, please indicate the person's name below that will be picking up forms. This person will be required to provide a valid ID or current form of photo identification, otherwise; we will be unable to release.

Regarding surgery we have a $250.00 surgery admin fee that is non-refundable that will need to be paid before we can schedule surgery.

☐(OB Delivery)Forms requested for: Patient, Spouse, or Child Parent

Are you currently working? Yes or No

If no, date you stopped working: _____ If yes, anticipated stop date: _____

Amount of time requesting leave: _____ weeks or months

Anticipated return to work date: _____ Actual delivery date: _____

We will certify the following disability time:

☐Vaginal delivery – 6 weeks ☐C-Section delivery – 8 weeks ☐VBAC delivery – 6 week ☐Extended FMLA _____ weeks

☐(Surgery)Forms requested for: Patient, Spouse, or Child Parent

Surgery date: _____

Amount of time requesting leave: _____ Anticipated return to work date: _____

Please select one:

☐ **Fax** Fax forms to Name: _____ Fax Number:_____

☐ **Pickup** Name of Friend/Family picking up form: _____

Patient Comments or Special Instructions: _____

Forms Acknowledgment:

I am aware of the $30.00 fee to complete FMLA or Short Term Disability forms regarding pregnancy. For FMLA it may take up to seven business days to process my request. By signing this agreement, I acknowledge and understand these terms.

I am aware of the $250.00 One-time Surgery Admin Fee that is non-refundable and due before surgery can be scheduled.

Patient Signature: _____ Date: _____

Applicable Federal Law; Whenever federal law or applicable federal regulations affecting the release of patient information are inconsistent with provisions of this section, the provisions of federal law or federal regulations shall be controlling, unless the state law is more restrictive/ stringent. Physicians are responsible for ensuring that they are in compliance with federal law and regulations including the Health Insurance Portability and Accountability Act (HIPAA) 45 C.F.R. Parts 160-164.

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For Office Use Only

⬜ $30.00 Fee Paid ⬜ Scanned ⬜ $250.00 Fee Paid