FORM COMPLETION REQUEST

In order to assist us in completing your forms as quickly and accurately as possible, we ask that you take a moment to answer the following questions for each of the forms you wish to have completed. In order to avoid delays, please be sure that you have signed all authorization and release of information blanks on your forms wherever indicated. We must unfortunately return any unsigned forms to you for your signature before completing them. Disability forms need to be received no later than 12:00pm Noon on Tuesdays and can be pick up or faxed Wednesdays. Should you have any questions please call the Billing Department.

Thank you!

PLEASE ALLOW UP TO 7 DAYS WORKING DAYS FOR COMPLETION OF THESE FORMS.

Today's Date**:** _____

Patient Name**:** _____

Daytime Phone**:** _____

Type or Purpose of Form: _____ Disability

_____ Other (Please describe): _____

_____

_____

Diagnosis / Reason for Disability: _____

If related to **PREGNANCY**: Last menstrual period: _____

Estimated or actual delivery date: _____

If related to **SURGERY**: Date of surgery: _____

If you were **HOSPITALIZED**: Date of admission: _____

Date of discharge: _____

Last day worked: _____

Return to work date: _____

Any limitations or restrictions: _____

_____

Return completed form to: _____ Patient

(If other than "patient", please list name & address in space provided.)

_____ Employer: _____

_____

_____ Insurance Company: _____

_____

_____ Other: _____

_____