

Please complete this form when submitting disability and/or FMLA forms.

Print Name: _____ DOB: _____

The patient's portion of any form must be filled out prior to our receipt along with providing a current phone number. For disability forms, we require a prepayment of \$25 for the first page and \$10 for each additional page. For FMLA (Family & Medical Leave Act) we require a flat fee of \$35. We accept cash, checks and credit cards as forms of payment.

There is typically a 5-7 business day turnaround for completion of all forms.

How would you like to receive your completed form(s)?

Please select one of the options below indicating how to return the completed forms to you:

- Mail to home address: _____
- Secure email to my personal email address: _____
- Will pick up from the office selected below:
 - Alpharetta Location Duluth Location Piedmont Location
 - College Park Location East Cobb Location West Paces Location
 - Cumming Location Northside Location

Fax to my disability company and mail original to my home address. (Signed authorization required below.) *This option is limited to disability forms showing a pre-printed fax number on form.*

Authorization to Fax Completed Form(s)

I, _____ authorize Peachtree Orthopedics and its employees to release my completed disability form(s), any requested supporting documentation from my chart and disclose protected health information to the disability company listed on my submitted form(s). This authorization for release of information shall be in force and effect until I revoke this authorization, in writing, at any time. I understand that the information used or disclosed from this authorization may be disclosed by the recipient and may no longer be protected by federal or state law.

Signature of Patient or Legal Representative

Date

FMLA FORMS: FMLA forms cannot be faxed to an employer. These forms can be picked up, mailed, or emailed to the patient.