

Patient Disability Claim Form



PATIENT NAME: _____

CHART #: _____ DATE RECEIVED: _____

OF FORMS: _____ FMLA: _____ DISABILITY: _____ OTHER: _____

AMT PAID: _____ INITIALS OF STAFF: _____

AUTHORIZATION/PATIENT SIGNATURE:

FAX TO: _____

MAIL TO: _____

PATIENT WILL PICK UP (PH #): _____

DISABILITY CLAIM FORMS

We charge a \$10.00 administrative and processing fee to complete each form. This must be paid before completion of the form. The fee covers the form completion, faxing, copying, postage and telephone calls to and from your insurance company.

Our goal is to process your form expediently. The average completion time is 7-10 working days. However, if you have seen your physician recently, or are scheduled for an upcoming surgery, completion of the form may take longer because your chart is being used by the physician's staff.

In order to help us process your disability claim forms more efficiently, please have the following completed:

- 1. Fill out all information required by you.**
- 2. Sign the claim form. This is necessary to authorize the release of information to your insurance company. If there is no place to sign you will need to sign a release of information form available from the receptionist.**
- 3. Provide an addressed envelope or the fax number where the completed form should go. The completed original form WILL NOT BE sent to anyone except the insurance company.**

If you have any questions regarding your Disability Claim Form, please contact your doctor's staff @ 316-631-1600.