



MAIN - EAST OFFICE
9828 E. SHANNON WOODS, SUITE 100
WICHITA, KANSAS 67226

WEST OFFICE
14700 W. ST. TERESA, SUITE 120
WICHITA, KANSAS 67235

PHONE: (316) 631-1600
FAX: (316) 631-1617

WWW.AOAORTHO.COM

Patient Name: _____ Date of Birth: _____ Date Received: _____

of Forms: _____ FMLA: _____ Disability: _____ Other: _____

Amount Paid: _____ Staff Initials: _____ AOA Physician: _____

Authorization/Patient Signature:

Fax To: _____

Mail To: _____

Patient will pick up – Phone Number to call when ready: _____

FORMS

We charge a \$35.00 administrative and processing fee to complete each form. This must be paid before completion of the form. The fee covers 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 business days.

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

- 1) **Fill out all information required of 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 questions regarding your Disability Claim Form, please contact your doctor's staff – 316-631-1600.