



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.*