



**East Location:** 9828 E. Shannon Woods Cir, Ste 100, Wichita, Ks, 67226

**West Location:** 1700 W. St. Teresa St, Ste 130, Wichita, Ks, 67235

**Phone:** (316) 631-1600 // **Fax:** (316) 631-1617

### **Disability and Leave of Absence Forms**

Patient Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Date Received: \_\_\_\_\_

# of Forms: \_\_\_\_\_ FMLA: \_\_\_\_\_ Disability: \_\_\_\_\_ Other: \_\_\_\_\_

Amount Paid: \_\_\_\_\_ Staff Initials: \_\_\_\_\_ AOA Physician: \_\_\_\_\_

Fax To: \_\_\_\_\_

Mail To: \_\_\_\_\_

Pick up your completed forms, please include phone number to call when ready: \_\_\_\_\_

Occupation/Description of Job Responsibility: \_\_\_\_\_

Preferred Return to Work Date (Work Comp injuries may not apply): \_\_\_\_\_

Note to Provider: \_\_\_\_\_

### **Authorization/Patient Signature:**

\_\_\_\_\_

\*Please note that if your provider provides restrictions, it is up to your employer to determine if they can accommodate them.\*

### **Form Processing Instructions**

We charge a \$35 administrative and processing fee per form. This fee must be paid before the form can be completed and covers faxing, copying, postage, and any calls to your insurance company. Our goal is to process your form promptly, with an average completion time of 7–10 business days.

To help us process your disability claim forms efficiently, please:

1. Complete all required information on the form.
2. Sign the claim form to authorize the release of information. If there is no signature line, sign a Release of Information form available from the receptionist.
3. Provide an addressed envelope or fax number where the completed form should be sent.

Note: The completed original form will only be sent to the insurance company.

***For questions regarding your disability claim form, please contact your doctor's staff at 316-631-1600.***