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.