

# MIDLANDS

# orthopaedics

# & NEUROSURGERY

## FORM COMPLETION REQUEST

Disability Benefits / FMLA Authorization

**Please Pay RecordQuest Directly**

Thank you for choosing Midlands Orthopaedics & Neurosurgery for your medical care. We understand your employer may require FMLA or Disability forms outlining your expected absences from work while under our care.

We have partnered with RecordQuest to take electronic payments and keep you up-to-date on the status of your request. Payment must be received before processing of your request will begin. After your form has been completed, you will be able to securely download a copy for yourself through RecordQuest. Additionally, we can submit the form directly to your employer.

Disability Form  
**\$20.00**

Update to Previously Completed Disability Form  
**\$10.00**

FMLA  
**No Charge**

Please complete the information below and allow up to 10 business days for the forms to be completed by our staff.

_____	_____	____/____/____	_____
Patient First Name	Patient Last Name	Date of Birth	Your Doctor's Name

Body Part Injured _____	
First Day Out of Work ____/____/____	Expected Return to Work ____/____/____

**Please provide your email address and phone number for important notifications about this request:**

Email Address \_\_\_\_\_

Phone \_\_\_\_\_

Preferred Method  Email  Text Message  Automated Call

**Delivery Information**

Send me a link for securely downloading my completed form at the notification method specified above.

Delivery the completed form to the company below (make sure to specify at least one delivery option).

Company Name \_\_\_\_\_

Email Address \_\_\_\_\_

Fax Number \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

I authorize Midlands Orthopaedics & Neurosurgery to release all information requested by the company for the processing of my disability claim. I acknowledge this form is valid for one year from the date I sign and may be revoked at any time by providing written notice to our Medical Records / Legal Department.

Signature \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_



Midlands Orthopaedics & Neurosurgery has partnered with RecordQuest to collect payments, complete forms, and provide status updates. You may receive communications from RecordQuest during the form completion process. Any information you share is used strictly to fulfill your request.