MIDLANDS
orthopaedics
& NEUROSURGERY

FORM COMPLETION REQUEST

Disability Benefits
FMLA / Family Caregiver
Return to Work

- ⓘ We do not complete forms if a patient has been discharged or has not yet been seen by a Midlands Orthopaedics & Neurosurgery provider
- ⓘ Yearly and long term forms require a re-evaluation by the treating provider at the patient's expense
- ⓘ There is a **$30 fee per form** and forms are not completed until payment is received
- ⓘ It *may* take up to 5 business days to complete your forms.
- ⓘ RecordQuest support is available at help@recordquest.com or 803-933-6100 after submission of this form.

______ **X $30.00 =** ______
Number of Forms — Amount Owed

Request and Pay Online

https://AskForRecords.com/MidOrthoNeuro

Patient First Name ______ Patient Last Name ______ Patient Date of Birth __/__/__ Patient Last 4 of SSN ☐☐☐☐

Family Member FMLA? ○ No ○ Yes ⇨ First Name (Family Member) ______ Last Name (Family Member) ______ Relationship to Patient ______

Only answer the questions below that are applicable to your request

Your Doctor's Name ______
Still Working? ○ No ○ Yes
Return to Work? ○ No ○ Yes ⇨ Return to Work Date __/__/__

Body Part Injured ______
Date of Injury __/__/__
Date Disability Began __/__/__
Date of Last Visit __/__/__

If copies of medical records are required, do you consent to include?

HIV / AIDS Related	Psychiatric / Mental Health	Alcohol / Drug Treatment	Genetic Testing
○ Yes ○ No	○ Yes ○ No	○ Yes ○ No	○ Yes ○ No

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

Email Address ______ Phone ______

Preferred Method ○ Email ○ Text Message ○ Automated Call

How would you like the completed form delivered?

- ○ Securely delivered to you electronically (You must enter an EMAIL ADDRESS or MOBILE PHONE above)
- ○ Faxed ⇨ Name / Company ______ Fax Number ______
- ○ Mailed ⇨ ☐ Use insurance company address on form

Alternate Address ______

City ______ State ______ Zip ______

I am authorizing Midlands Orthopaedics & Neurosurgery to release any required health/medical record information, and/or work status/return to work information to my employer/disability insurance carrier/FMLA administrator, accident policy carrier on my behalf as indicated by my signature below.

Patient's 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.