

Central Texas

Sports Medicine & Orthopaedics, P.A.

Family Medical Leave Act(FMLA)/Disability Request Form

Policy: Due to obtaining provider signatures and completing forms, please allow up to 14 business days to complete all forms. There will be a \$25.00 charge for the initial request and a \$15.00 charge for all subsequent requests. These charges apply to all FMLA or Disability paperwork requests by a patient to be completed by their provider.

Disclaimer: If you also require supporting documentation of medical records, you must also complete the "Medical Records Release Authorization". Your request will be processed and submitted to DataFile Technologies, a third party vendor we contract with to complete medical records requests. DataFile Technologies bills the patient for their services rendered.

Patient Name: _____		SS# _____	
Date of Birth: _____	Home Phone: _____	Cell/Work: _____	
Address: _____		City/State/Zip: _____	
Email Address: _____			
Forms to be released to (circle): Patient Other Approved Entity			
Specify "Other Approved Entity": _____			
Employer: _____		Job Title: _____	
Activity level (circle): Light / Moderate / Strenuous Description: _____			
Desired return to work date: _____ Option for light duty (circle): Yes / No			
Requested method to receive forms (circle): Front Desk Pick Up Fax Mail			
Address: _____		City/State/Zip: _____	
Fax: _____		ATTN: _____	
Should a patient choose to release to their information to any party beyond themselves, the specified party must granted permission to the patient's medical records indicated on the "Patient Privacy Notice (HIPAA Form)".			

Please submit the completed form in person, fax, or mail to Central Texas Sports Medicine & Orthopaedics, P.A. Once payment is received, the request will be processed and sent within 14 business days.

For Office Use Only:

Date Received: _____

Staff Initials: _____

Central Texas Sports Medicine & Orthopaedics, P.A.

Office Hours: Monday - Friday, 8:00 am - 5:00 pm

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Created January 22, 2018