

HYPOSPADIAS SPECIALTY CENTER

Office Policies for FMLA and Short Term Disability Forms

- It is the patients responsibility to bring in, fax, or email the correct forms to our office for completion by the medical staff.
- The patient or patient family is required to provide a copy of his/her job description with the paperwork in order to accurately complete the forms.
- The employee portion should be completed **prior** to providing the paperwork to our office.
- If help is needed, for a \$35 fee, all forms can be completed with at least two weeks of time prior to the employer deadline date.
- If you would like the forms to be completed within 3 business days, there is a \$60 fee.
- The fees must be payed to the front office staff at the time they are given to the office staff. Please call the front office to make the payment.
- Please understand, this is **not** a guarantee of approval through your employer.
- All forms will be faxed directly to your employer, but a copy can be emailed to you at your request. Please provide a fax number when the forms are brought to our office.
- If any information or details will need to be changed after complete, there will be a \$10 fee.

Patient Name: _____

DOB: _____

Date of Surgery: _____

Requesting time off from _____ through _____.

I would like to request the paperwork to be completed by the office and faxed to my employer within 2 weeks. I understand there will be a \$35 fee.

I would like to request the paperwork to be completed by the office and faxed to my employer within 3 business days. I understand there will be a \$60 fee.

Is this time including HBO therapy?

When are his treatments scheduled _____

Where are the treatments scheduled at? _____

Job Description:

I, _____ have read and understand the FMLA/Short term form policy of Hypospadias Specialty Center. I understand that this policy cannot be altered and if I do not agree with the policy, I understand that I may not have the forms completed by the Hypospadias Specialty Center.

Print name (Person requesting the FMLA)

Signature

Date