

Disability/FMLA/Special Reports Request

Section A (To Be Completed by the Patient)

Patient Name: _____ DOB: ____/____/____

Name of person requesting special report/FMLA (if other than patient): _____

Physician: _____ Requesting (please circle): Disability / FMLA / Other

Credit Card #: _____ Exp: _____

Please Note:

A minimum of \$150 will be charged for the completion of any forms ranging from 1- 3 pages (includes disability, FMLA, and any other special reports). An additional fee of \$50 will be charged for each additional page thereafter, and will not include the cost of sending any additional records. For litigation case contact us for fee schedule.

These fees is NOT covered by your insurance.

In order for your provider to complete **any forms** regarding your disability status, you must have received treatment at the Smell and Taste Clinic **within the previous three months. You must also discuss your request with your physician during your office visit.**

In order for your forms to be processed, a signed and valid authorization must be submitted allowing your provider to release confidential health information. If you need to complete an authorization form, you may find a copy at www.smellandtasteclinic.com

The processing time for disability/FMLA forms is **10-15 business days** after all necessary forms, payment, and authorization are received at the Smell and Taste Clinic.

Section B (To Be Completed by the Smell and Taste Clinic)

Date this form and all forms to be completed received by Smell and Taste Clinic: _____

Release of Information received and/or valid copy on file? YES / NO

Has the patient been seen in the office at least three times? YES / NO (req. for authorization of disability)

Does the patient's physician approve their disability/FMLA request? YES / NO

Total Charge: \$ _____ Payment has been collected? YES / NO

Comments:

MD Cleared

Administration Clear

Paid

In Progress

Complete/Scan

Date forms completed: _____ fax / mail / email / other: _____ Emp. Initials: _____