

MIDLANDS orthopaedics & NEUROSURGERY

1910 Blanding Street, Columbia, SC 29201

(Ph) 803.256.4107 opt 6

(Fax) 803.933.6317

- Please read and complete the *Claimant Information for Disability/FMLA Benefits* form in its entirety.
- A \$20.00 processing fee applies to each disability form request. A \$10.00 fee applies to any update to a previously submitted request for disability benefits. We do not charge for the completion of FMLA paperwork.
- You may submit the form, along with payment, to any of our front desk office locations or you may fax the form to 803.933.6317. Please call after faxing to make a payment over the phone.
- Payment must be remitted before the form will be processed.
- Please allow up to 10 business days for form completion.
- Questions related to the status of your request may be submitted via our secure, patient portal link at www.midorthoneuro.com, or by calling the above number.



CLAIMANT INFORMATION FOR DISABILITY/FMLA BENEFITS
 1910 Blanding Street, Columbia, SC 29201
 (Ph) 803.256.4107 opt. 6 (Fax) 803.933.6317

Patient Name:		Date of Birth:	
Address:			
City:		State:	Zip:
Telephone:	(Home)	(Cell)	
Treating Physician:			
Body part being treated:			
Date of leave being requested:		to	

List the name, address and/or fax number of where your forms should be submitted:

Name:			
Address:			
City:	State:	Zip:	
Fax Number:			

I authorize Midlands Orthopaedics and Neurosurgery, PA to release all information requested by my insurance company for the processing of my disability/FMLA claim.

Signature:	Date:
-------------------	--------------

For Office Use Only:

Type of Form	Initial Disability (\$20)	Disability Continuation(\$10)	FMLA (\$0)
Payment Type:	Cash	Check #	Credit Card
Received by:			Date: