

## DISABILITY / FMLA / SPECIAL REPORTS REQUEST

Patient Name: \_\_\_\_\_ DOB: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Today's Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Name of person requesting this form (if other than the patient): \_\_\_\_\_

Provider seen last:  Damita Bryant, MD  Scott Curran, PA-C

Requesting:  Disability  FMLA  Other: \_\_\_\_\_

A charge of **\$50** is required for the completion of any forms ranging **from 1-5 pages** (includes Disability, FMLA, and any other special reports). An additional fee of \$10 will be charged for each additional page thereafter, and does not include the cost of sending any additional records.

In order for your Provider to complete **any forms** regarding your disability status, you must have received treatment at Nashville Neuroscience Group **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 Medical Records 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.NashvilleNeuroscience.com](http://www.NashvilleNeuroscience.com)

The processing time for disability/FMLA forms is **10-15 business days** after all necessary forms, payment, and authorization are received at Nashville Neuroscience Group.

### Section B (To Be Completed by Nashville Neuroscience Group)

Date this form and all forms to be completed received by Nashville Neuroscience Group: \_\_\_\_\_

Medical 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 **(required for Disability)**

Has the patient been seen in the office in the past 3 months?  YES  NO **(required for all forms)**

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

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

Comments: \_\_\_\_\_

Date completed: \_\_\_\_\_  Fax  Mail  eMail  Other Emp. Initials: \_\_\_\_\_