## **Colorado Springs Surgical Associates**

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## **FMLA and Short Term Disability Forms**

To assist you in filing your work-related forms (FMLA, work release, return to work, short-term disability, and attending physician statements), please consider the following:

We will attempt to complete all work-related forms in a timely manner. Due to the exceptional number of requests for such forms, it is the policy of this office that these forms are presented to the office a minimum of 5 business days prior to the expected procedure. The charge to complete forms is \$20.00 per occurrence or procedure. All work-related forms must be accompanied by a signed medical records release giving us permission to give personal medical information to designated parties, including diagnosis if indicated. We will not be held responsible for delay in completion of work-related forms if forms are presented less than the specified time allowance. If your employer has not provided a medical records release form, you will be requested to sign one in our office prior to releasing work- related forms.

We reserve the right to utilize preprinted FMLA and short term disability (attending physician statement) forms whenever possible. We will <u>not</u> complete patient demographics on any work-related forms if employee (patient) information is missing or incomplete. We do not request work related forms from employers. Day one of a medical leave is given as the date of the initial procedure/illness/accident unless otherwise indicated. Please leave <u>only</u> those forms requiring a physician's comments and signature. We cannot be responsible for entire "packets" of employee benefit forms.

You will be informed when forms are completed. Forms may be picked up by patient at front office, forms may be mailed to patient or faxed with your authorization.

## Please provide the following information with your forms request:

• Date of anticipated return to work date, type of work performed, i.e. physical labor, office work, driving, desk job, etc.