

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](http://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

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

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

<b>Name:</b>			
<b>Address:</b>			
<b>City:</b>	<b>State:</b>	<b>Zip:</b>	
<b>Fax Number:</b>			

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

<b>Signature:</b>	<b>Date:</b>
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For Office Use Only:

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