



**TEXAS ORTHOPEDICS**

SPORTS & REHABILITATION ASSOCIATES

A DIVISION OF OrthoLoneStar

**FMLA / Disability Form Authorization**

**Patient Name:** \_\_\_\_\_ **DOB:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip:** \_\_\_\_\_

**Completed Forms to be delivered to:**

\_\_\_\_\_ **Patient (to address above)**

\_\_\_\_\_ **Third Party:** \_\_\_\_\_

**Claim #:** \_\_\_\_\_ **Fax #:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip:** \_\_\_\_\_

- **Anticipated Date to Leave Work:** \_\_\_\_\_
- **Anticipated Return to Work Date:** \_\_\_\_\_
- **What is your job title?:** \_\_\_\_\_
- **What are your job requirements? (Or please provide a copy of your job description):**  
 \_\_\_\_\_  
 \_\_\_\_\_

I authorize Texas Orthopedics to release medical information to insurance carriers regarding disability claims.

I understand that:

- My treatment, payment, enrollment or eligibility for benefits may not be conditioned on signing this authorization.
- I may revoke this authorization at any time in writing, but if I do, it will not have any effect on any actions taken prior to receiving the revocation.
- If the requestor or receiver is not a health plan or health care provider; the released information may no longer be protected by federal privacy regulations and may be disclosed.
- I understand that I may see and obtain a copy of the information described on this form, for a reasonable copy fee, if I ask for it.
- I can request a copy of this form after I sign and date it.

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

This authorization expires 180 days from the date of signature.

*Once we receive your form(s) and the signed authorization, please allow 7-10 business days for completion.*

*A \$30 fee per form is due prior to release of completed forms payable by cash, check, or credit card.*

*All completed forms will be faxed to the employer/disability carrier as indicated by the patient or may be picked up from our office.*