

PATIENT INSTRUCTIONS FOR FMLA/DISABILITY REQUESTS

We have partnered with HealthMark Group to ensure the accurate and timely completion of your FMLA and/or Disability forms.

A signed and completed authorization form is required from each patient.

Each form requested for completion will require a \$30 fee to be paid directly to HealthMark Group. HealthMark Group will complete the forms upon receipt of the requested forms and a valid authorization. The estimated turnaround time will be 24-72 hours. If an email is provided, you will receive a response directly from HealthMark Group notifying you of the prepayment invoice. After payment, the completed forms may be downloaded directly through HealthMark Group's website, or provided directly to you through an agreed to delivery method (i.e. secure email, mail, etc.)

If you would like to inquire on the status of your forms or have any additional questions, please call 972-895-2138 or email fmla@healthmark-group.com



Physician Preference Card

Provider Name: _____ Provider Email:

Medical Assistant: _____ Office Contact:

Practice Name:

Office Address:

Specialty: _____

Most Common Procedures Performed:

- 1.
- 2.
- 3.
- 4.
- 5.

Other common procedures performed:

Restrictions:

1. Procedure: _____ Disability Leave:
_____ weeks
Restrictions:



2. Procedure: _____ Disability Leave:
_____ weeks
Restrictions:
3. Procedure: _____ Disability Leave:
_____ weeks
Restrictions:
4. Procedure: _____ Disability Leave:
_____ weeks
Restrictions:
5. Procedure: _____ Disability Leave:
_____ weeks
Restrictions:

