

We understand the chronic nature of the diseases our patients have so we are willing to support patients as they request medical/disability leave from work. While it is important for patients to communicate the circumstances around their disability, the ultimate decision of the type and term of leave recommended for the patient is based solely on the PROVIDER'S assessment. Once our providers have completed a form, their assessment is final unless new circumstances arise that may change their clinical decision. The following policy has been established to govern our process for handling FMLA and Disability Form completion requests.

FORMS WE COMPLETE

We will assist with FMLA forms, Disability forms, Work/School Accommodation forms, and Handicap Parking Placard applications. **We DO NOT perform functional disability assessments.** These assessments must be performed by authorized offices. If these sections are included in forms you ask us to complete, our providers may opt to leave those sections blank.

GUIDELINES

- All requests require a dedicated office visit for processing. If patient lives in NC, this is usually VIRTUAL.
- **No medical complications will be addressed during the form completion visit.** This includes new symptoms, med changes, and adjusted treatment plans.
- Available for established patients only
 - *At least 3 visits over minimum of 3 months, last visit within 6 months*
- Account balance must be paid in full.
- Office must receive form with all patient sections completed ***before*** scheduling the form visit.
- One (1) form per visit.
- Final form must be faxed or mailed directly to HR office/employer/disability office. Please ensure we have that information before your visit so we can send completed forms in a timely fashion.
- Only one (1) revision is allowed. It is up to patients to discuss with their HR departments in detail what might be needed. Change requests are not guaranteed but will be made at the discretion of the provider.
- Patients may receive a COPY for their records, if requested.

ELIGIBILITY

Patients must have been seen at least three (3) times over three (3) months by our providers in order to initiate a disability request. Established patients must have been seen by a provider within the last six (6) months. This allows time for our providers to come to an accurate diagnosis, establish an appropriate treatment plan, and assess your prognosis after initiating therapy. Any requests that are submitted to the office before this time will NOT be considered and the representative office handling the claim will be notified. Any outstanding balance must be paid in full before a form completion visit can be scheduled.

If a patient is not eligible to have their disability request completed by our office, we are happy to forward progress notes and labs to your PCP or established doctor that can be incorporated into their assessment. Patients will just need to complete a signed release form for us to send records to anyone other than the PCP or referring provider.

**** The provider maintains final discretion for whether they will complete the requested FMLA form.**

FORMS REQUIRING PROVIDER COMPLETION:

Patients must schedule an office visit for forms to be completed. Medical issues may not be addressed during the same visit as a form completion so if medical concerns are discussed, the form completion must be rescheduled. Only one (1) form may be completed per visit and must be received by our office prior to scheduling the visit. Patients must complete and sign their portion of the form before submitting the form to our office since changes may not be made after the provider completes the form. Patients must also ensure that our office has clear and written instructions for where to FAX or MAIL the form. Visits will be billed to insurance and processed according to their pricing guidelines. These visits are usually a Level 3 return visit. Patients who do not have insurance will pay the self-pay rate for a follow-up provider visit.

FORMS NOT REQUIRING PROVIDER ASSESSMENT:

Some forms may not require discussion from a provider for completion but will be reviewed by a provider. At the provider discretion, the medical assist will assist with form completion and obtain provider signature. There is no cost for this service. This would include forms like Handicap Placard Application or verification of visit dates.

COMPLETED FORMS

During the office visit, the provider will review details of your request and collect any information they may need to complete your form. The provider will do their best to complete forms at the time of the visit but if they need more time, they may take up to **72 hours** to complete. Once completed, the final document will be faxed directly to the confirmed office handling the disability claims. **Our office must fax or mail the completed form directly to the HR office/employer/disability office.** Patients may PICK UP a COPY from the office for their records, if desired. Completed forms will be added to the patient's official medical record.

Patients will be notified when the forms are completed and sent to the appropriate office.

Any questions about this policy can be directed to the Practice Manager at (704) 774-3044.
We appreciate your cooperation!