



**FMLA / Disability Form Completion
Patient Authorization**

Completed authorization and FMLA/Disability Forms can be emailed to fmla@healthmark-group.com

Patient Name: _____ DOB: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Email Address: _____

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: _____

Anticipated Surgery/Due Date: _____

I authorize _____ 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.

*All forms are completed in the order that they are received.
A fee per form is due prior to release of completed forms. Invoices will be delivered directly to the patient. Should you have any questions, please call 972-895-2138.*

Patient Instructions for FMLA/Disability Requests

FMLA and disability applications can be stressful. As the partner of Austin Area OBGYN, we're here to make this process as easy as possible for you. We've outlined details of how to submit your request below, but please feel free to reach out to us with any questions or concerns. You can reach us by phone at 972-895-2138 or email at fmla@healthmark-group.com

How do you submit an FMLA or disability request?

Email us at fmla@healthmark-group.com. In the body of the email, please include your full name, your date of birth, the name of your doctor and the name of your healthcare facility along with their address and phone number. Attach any and all forms related to your request.

Don't have your forms yet? No problem. Here's how you can get ahold of the forms you need:

Request your forms electronically through HealthMark's Request Manager at <https://requestmanager.healthmark-group.com>. Once logged in, select "Submit Request" from the menu options and enter all required fields to submit a valid authorization. Please be advised, FMLA and disability forms carry a fee of \$25, paid directly to HealthMark before processing can begin.

If an email is provided, you will receive a response directly from HealthMark notifying you of the prepayment invoice. After payment, the completed forms may be downloaded directly Request Manager, or provided directly to you through an agreed delivery method (i.e. secure email, mail, etc.).

How long does it take to process your requests?

Estimated turnaround time for most submitted FMLA or disability requests is seven days. We know that seven days can feel like an eternity when you're waiting for key information. We get it. During those seven days we are diligently working behind the scenes, coordinating with several parties, including your doctor, your insurance company, your employer and you. We will keep you updated throughout the process, if we run into any roadblocks or concerns along the way. You are our top priority during these stressful requests.

Looking for more assistance? Check out our full FAQ here: <https://healthmark-group.com/fmla-and-disability-form-faqs>

If you have additional questions, please log in to Request Manager for status updates or to chat with support. Of course, you may always contact HealthMark by phone at 972-895-2138 or email fmla@healthmark-group.com.