

MERCY CLINIC WOMEN'S HEALTH – FENTON  
FMLA/DISABILITY PAPERWORK  
DR. ADRIANA CANAS – POLESEL, M.D.

**There is a \$25 PROCESSING FEE for the completion of ONE TYPE of form (FMLA, Disability etc.) for the patient/spouse/significant other.** If additional paperwork is needed for the same medical incident (within a three month period) the fee is \$15 for the second set and \$10 for the third set of paperwork. Your paperwork will be completed within 10 BUSINESS DAYS. Payment is REQUIRED before completion of a form.

**PATIENT'S NAME AND DOB:** \_\_\_\_\_

**IF SPOUSE, YOUR NAME AND DOB:** \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

May we leave a message with questions or to let you know when the forms are completed? YES / NO

Beginning date of leave requested: \_\_\_\_\_

Reason for leave being requested (pregnancy, surgery etc.):  
\_\_\_\_\_  
\_\_\_\_\_

**IF RELATED TO PREGNANCY/DELIVERY/POST PARTUM CARE:**

Type of delivery: Vaginal / Cesarean Section / Uncertain

If you have not delivered yet, what is your Estimated Due Date: \_\_\_\_\_

If you need/would like your paperwork faxed, please provide fax number: \_\_\_\_\_

Would you like your originals mailed to you? YES / NO

**IF RELATED TO SURGERY:**

Date of Surgery: \_\_\_\_\_ Amount of leave anticipated: \_\_\_\_\_

COMMENTS: \_\_\_\_\_  
\_\_\_\_\_

**I AUTHORIZE MERCY CLINIC WOMEN'S HEALTH – FENTON TO RELEASE ANY INFORMATION PERTAINING TO MY  
DISABILITY/PREGNANCY/FMLA TO THE DISABILITY COMPANY OR TO MY EMPLOYER.**

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

Payment Received YES / NO

Payment Type CASH / CHECK / CHARGE

Amount \$25 / \$15 / \$10