



Phone No: 615-848-9265 ext 140 Nurses' Email: nursing@midtnent.com

FMLA/Short Term Disability Paperwork Request Form

- *Fees for filling out ALL paperwork are based on number of pages to be filled out, please ask regarding specific amount. *Paperwork will not be filled out until payment is made.
- *Once payment is made, allow 1 week to complete the paperwork.

Please answer the following questions to ensure your paperwork is filled out correctly and avoid a delay.

- Name of patient: _____

First Name
Middle Initial
Last Name
- Date of birth of patient: _____
- First date of missed work: _____
- Return to work date: _____
- If you would like a call from us when paperwork is complete what phone number can you be reached: _____
- Do you want your paperwork faxed?
 Fax number _____

* If you have any questions please leave a message with a good contact number and we will call you back. *

Name: _____ Date: _____

***By signing this document I have read and understand the above information ***

Date paid _____ Initials _____ 06/27/16