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**FMLA/Short Term Disability Paperwork Request Form**

|                      |           |                              |
|----------------------|-----------|------------------------------|
| FMLA Paperwork Fees: | 1 page    | \$ 10.00                     |
|                      | 1-3 pages | \$25.00                      |
|                      | 4+ pages  | \$ 5.00 each additional page |

- There is a fee for ALL paperwork based on how many pages need to be completed
- No paperwork will be completed until payment is received and request form is completed
- After payment and form is received please allow 5 business days to complete paperwork
- Name of patient: \_\_\_\_\_  

|            |                |           |
|------------|----------------|-----------|
| First Name | Middle Initial | Last Name |
|------------|----------------|-----------|
- Date of birth of patient: \_\_\_\_\_
- If person requesting FMLA paperwork is different from patient please list name and Date of birth
- \_\_\_\_\_  

|            |                |           |               |
|------------|----------------|-----------|---------------|
| First Name | Middle Initial | Last Name | Date of birth |
|------------|----------------|-----------|---------------|
- 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 \*\*\*

Account # \_\_\_\_\_

Date paid \_\_\_\_\_

Initials \_\_\_\_\_