

DISABILITY/FMLA/ PHYSICIAN STATEMENT FORM/LETTER POLICY CHANGES:

Below is our office protocol regarding requests for disability, FMLA, letter writing and any physician forms that need completion.

All forms must be given to the front desk to log. The first document will be completed at no charge. Each additional request will incur a \$25 processing fee. These forms or requests can be sent via fax, e-mail or hand delivered. An intake form will be completed and attached to the form along with your payment. ***Forms will not be accepted in the clinical area.***

All forms will be processed and completed by the assigned Physician/PA/Medical Assistant approximately one week prior to surgery. **Forms will not be completed on the same day that they are dropped off so please plan accordingly.**

All patients will be given the opportunity to have one form completed free of charge. If you have more than one disability company and have already had one form completed free of charge your second form, even though it may be your first from another company, will incur the \$25 fee. FMLA forms for a family member will also be subject to the \$25 processing fee.

Any documents or letters will only be completed/written in the immediate pre and post op period for surgical patients only.

If you are currently having your disability forms done by your primary care doctor and are coming to us as a new patient you must continue to have those forms completed by your primary doctor.



ORTHOPEDIC CENTERS OF COLORADO
Denver Spine Surgeons

Name: _____

DOB: _____

FMLA documentation will be completed within 7 days of receiving all required documentation below

Please note initial documentation for surgical patients is completed free of charge. Any additional documentation that is required is \$25 per form

- What is your planned surgery date?

- What surgery will be performed?

- What is the first day you will be away from work?
 - If that date is prior to the day of surgery please be specific as to why?
(Disability/FMLA coverage typically will not cover your absence prior to surgery)

- When do you plan to return to work? (Be specific with dates, with/without restrictions)

Typical return to work with restrictions:

Microdiscectomy: 1-2 weeks
Posterior Cervical Decompression: 1-2 weeks
Anterior Neck Fusion (ACDF): 3-4 weeks
Artificial Disc Replacement: 3-4 weeks
Lumbar Laminectomy: 3-4 weeks
Lumbar Fusion: 4-6 weeks
Spinal Cord Stimulator: 1-2 weeks

- Are there any specific restrictions that need to be in place for your job?

- Who do these forms need to be submitted too?

- Name:
- Title:
- Phone:
- Fax:
- Email: