



Women's Clinic of Johnson County

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FMLA/SHORT TERM DISABILITY FORM

The Women's Clinic of Johnson County takes great pride in providing you with excellent service during your care. We are happy to assist in making sure your Family Medical Leave Act and/or Short Term Disability paperwork is completed in a timely manner. A flat rate of \$25.00 per set is charged for any individual in need of FMLA and/or disability paperwork. Please note that the paperwork will reflect the medically necessary time off. For pregnancy, ACOG (American Congress of Obstetricians and Gynecologists) standard time off is 6 weeks for a vaginal delivery and 8 weeks for a C-section.

Fees must be collected in full and a release of information must be signed prior to us dispensing any FMLA/Disability paperwork.

\_\_\_ FMLA/STD paperwork at \$25 each set..... (7-10 business days for processing)

Patient Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Physician: \_\_\_\_\_ Forms completed for: [ ] Self [ ] Spouse [ ] Other

Reason for leave: [ ] Maternity [ ] Surgery [ ] Problem/Complication

Dates requesting off: Continuous from: \_\_\_\_\_ to: \_\_\_\_\_ OR

Intermittent (when needed due to illness): \_\_\_\_\_ (specify hours/dates)

Are you currently working? Yes or No If no, last date worked: \_\_\_\_\_

Did you work a reduced schedule due to complications: Yes or No Date started: \_\_\_\_\_

Date you plan to return to work: \_\_\_\_\_

Due Date: \_\_\_\_\_ Planned Type of Delivery: [ ] Vaginal [ ] C-Section

Surgical Procedure: \_\_\_\_\_ Date: \_\_\_\_\_

How would you like your completed paperwork returned? (Circle)

Pick up at one of our locations OR Mail to your home address

To be completed by office:

Received by: \_\_\_\_\_ Date Received: \_\_\_\_\_ Patient MR# \_\_\_\_\_

Paid Amount \$ \_\_\_\_\_ by: [ ] Cash [ ] Check # \_\_\_\_\_ [ ] Credit/Debit [ ] Credit on Account

Completed by: \_\_\_\_\_ Date Completed: \_\_\_\_\_