

Name:

DOB:



Please complete the form in its entirety to ensure accurate completion of your forms. Completion of these forms could take up to 10 business days.

- 1. Date:
- 2. \$30.00 Form Fee Received?      yes      no
- 3. Physician's Name:
- 4. Employer's Name:
- 5. Occupation:
- 6. Disability Company Name:
- 7. Disability Company Phone:
- 8. First Day of Work Missed:
- 9. Estimated Duration of Disability:
- 10. Expected Return to Work Date:

11. Once form is completed:

<p>a. Fax or Mail to Insurance Company:</p> <p>Address: _____</p> <p>_____</p> <p>Fax Number: _____</p>	<p>b. Mail to Patient:</p> <p>Address: _____</p> <p>_____</p>
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<p>c. Fax or Mail to Employer:</p> <p>Address: _____</p> <p>_____</p> <p>Fax Number: _____</p>	<p>d. Patient to Pick Up</p> <p>Which office: _____</p> <p>Phone Number: _____</p>
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Information to be released:

Disability information (FMLA forms and/or disability claims)       Medical Records (includes X-rays, MRI)

OrthoCincy has my permission to release all medical information needed to complete these forms to the insurance company and/or employer(s) for disability claims and FMLA forms. I understand and agree that OrthoCincy may impose a reasonable, cost based fee for copying, including the cost of supplies and labor, postage, and preparing an explanation or summary of my protected health information, if requested. I understand this authorization may be revoked at any time with proper notification except to the extent action has been taken prior to revocation. I acknowledge that I have read and fully understand this authorization as it applies to me and release OrthoCincy from all legal responsibilities or liability that may arise from the release of this information. This authorization will be effective for one year from the date of authorization.

Date of Authorization	Signature of Patient/Parent/Legal Guardian
Witness	

Disability Department  
 560 South Loop Rd.  
 Edgewood, KY 41017  
 Phone: 859-817-7507 Fax: 859-817-7853

A photocopy or facsimile of this authorization may be used with the same authority as the origin.



**DISABILITY FORM INFORMATION**

- Disability forms may take up to 10 *working days* to complete.
- Forms may be completed by OrthoCincy or MedicoCopy.
- Please fill out your portion of the forms that require your name, address, and date of birth, prior to bringing it for completion.
- You must sign a medical release form to allow us to release this information to your Employer and/or Disability Company.
- There will be a \$30 form fee due for the first form and \$15 for each subsequent form at the time of submission.
- All completed forms will be mailed or faxed as directed on the release. You may also pick up the forms at our Edgewood location.
- Please request a work note at each doctor's visit.
- You must alert the Disability Department each time you see the doctor in order to update your Short Term Disability Company.
- You can contact the Disability Department by calling (859) 817-7507.

Thank you for your cooperation,

OrthoCincy

**Physicians**

- Ronald T. Auer, MD
- James D. Baker, MD
- James T. Bilbo, MD
- Timothy M. Burns, DO
- Matthew J. Connolly, DPM
- Matthew T. DesJardins, MD
- Thomas M. Due, MD
- Nicholas A. Early, MD
- Ryan P. Finnan, MD
- John L. Fritch, MD
- Nicholas T. Gates, MD
- Raymond M. Greiwe, MD
- Matthew S. Grunkemeyer, MD
- Forest T. Heis, MD
- Richard M. Hoblitzell, MD
- Bruce R. Holladay, MD
- Matthew T. Hummel, MD
- John B. Jacquemin, MD
- R. Scott Jolson, MD
- Brandon J. Kohrs, DO
- Arthur F. Lee, MD
- John C. Linz, MD
- William W. McClellan, MD
- Patrick J. Messerschmitt, MD
- Adam V. Metzler, MD
- Shankar Narayanan, MD
- Suresh Nayak, MD
- Rebecca E. Popham, DO
- Robert C. Rhoad, MD
- Charles A. Roberts, MD
- Howard J. Schertzinger, MD
- Jonathan B. Slaughter, MD
- Jonathon M. Spanyer, MD
- J. Trevor Stefanski, MD
- Roman Trimba, MD
- F. Clifford Valentin, MD
- Benjamin J. Valley, MD
- Angel L. Velazquez, MD
- Jeffrey C. Wera, MD
- Charles E. Whalen, MD
- Amelia J. Wiggins, DO
- Trevor W. Wilkes, MD
- Brian A. Wissel, MD
- Mark J. Yuhas, MD
- Gordon H. Yun, DPM

FORMS WITH A FEE ATTACHED
FMLA-Medical / Surgical
Disability / Attending Physician Statement
Any Accidental Injury Claim Form
Any Form for Loans

560 South Loop Road  
 Edgewood, KY 41017  
 Phone: 859.301.BONE  
 Fax: 859.301.0655