

Concord OB/GYN

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Short-Term Disability Consent Form Maternity and Surgical

Dear Patient,

The Physician's Statement portion of your Short-term Disability and PFML Claim Forms will be completed for you by our staff. Pregnant patients will receive 14 weeks of medical leave and 12 week of bonding time with your newborn, up to 26 weeks.

We can also complete the Physician's section of Paternity Leave Claim Forms, as well as Return to Work letters, and other appropriate documentation as needed.

To expedite the processing of your Disability Claim, please provide the following information:

Your name _____ DOB _____

Day phone: _____ Eve phone: _____

Your due date: _____ or date of scheduled C-Section or Surgery: _____

Duration of Leave: from _____ until _____.

For Pregnancy & Maternity Leave:

Standard Medical Leave after delivery (14wks): _____

Additional Bonding Time: If you plan to take additional weeks of continuous bonding time, how many weeks do you plan to take? _____ (up to 12 weeks)

Other/Problem: _____

Your signature below authorizes this office to release medical information to your Human Resources Department and/or your Disability Insurance Carrier:

Signature

Date

Please fill out and attach this Consent Form to your Disability Claim Form, making sure that the address or fax number to which you want it sent is provided.

Alternatively, present this completed Consent Form to a member of our staff earlier in your pregnancy, to be retained in your chart until your Disability Claim Form arrives at or near your delivery/surgery date.

Thank you for helping us to expedite your claim!
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