

# 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 Claim Form will be completed for you by our staff. This is typically done towards the end of your pregnancy, when surgery is scheduled, or after delivery; unless you are medically released from work earlier.

Please note: Most insurers allow 6 weeks following a vaginal delivery or eight weeks following a Cesarean section for your period of **medical disability only**. Extension of your leave from work beyond this period, such as FMLA, approved leave without pay, etc., is separate from your medical leave.

We can also complete the Physician's section of your FMLA form and 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: \_\_\_\_\_ weeks (# of weeks)

Other/Problem: \_\_\_\_\_

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

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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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