

EXceptional Care
FOR WOMEN

Obstetrics & Gynecology
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Dear Patient

There will be a \$15.00 fee for every FMLA, Disability or AFLAC form completed by your physician or any staff member.

As a convenience, we request payment by cash or credit card at the time you drop off the paperwork. This allows us to mail or fax your forms when they are finished. Please allow 5-7 working days for the completion of these forms.

To help us accurately fill out your disability or family medical leave forms, please provide us with the following information:

For Pregnancy

Patient Name: _____

Doctor: _____

Due Date: _____ Actual Delivery Date: _____

_____ Vaginal _____ C-Section

Your last day of work: _____
(or date you've gone part-time)

If this is earlier than your due date, please explain why:

Other conditions: _____

Paid: _____