

The logo for 'Exceptional Care FOR WOMEN' features the word 'Exceptional' in a large, elegant serif font, with a stylized orange and yellow graphic of a woman's profile and a crown above the 'X'. Below it, 'Care' is in the same font, and 'FOR WOMEN' is in a smaller, all-caps sans-serif font.

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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:

Patient Name: _____

Doctor: _____

For Pregnancy:

Due Date: _____ Actual Delivery Date: _____

_____ Vaginal

_____ C-Section

For Surgeries:

Date of surgery: _____ Amount of time needed out: _____ wks

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

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

Other conditions: _____

Paid: _____
