

Disability, FMLA, S&A, and ALL Insurance Claim Forms

1. Please allow **ONE WEEK** for completion of these forms.
2. There is a **\$20.00** charge per form for the completion of all claim forms. This fee must be paid before the form can be released. Payment may be made by phone with a debit card or credit card at (816) 233-9888, or you may make a payment online at osmcortho.com/online-bill-pay. Please select "Submit Payment" to complete the form.
3. Please fill out the following form as completely as possible.

Today's Date: _____

Patient's Name: _____ DOB: _____
(Please Print)

Seen by Which Doctor: _____

First Date of Disability (First Day off Work if Applicable): _____

Length of Time to Be off Work (If Known): _____

Daytime Phone Number Where You Can Be Reached for Questions: _____

Any Additional Information You Believe to Be Pertinent: _____

Do You Wish the Completed Forms to Be:

Faxed (Include Fax Number): _____

Mailed (Include Address): _____

Picked Up: _____

Payment Option:

_____ Payment Made by Phone

_____ Pay When Forms Are Picked Up

(For Office Use Only)

Date Forms Completed: _____