

CWC DIVISION # 39 FMLA FORM AGREEMENT

CWC Division # 39 agrees to complete FMLA (Family Medical Leave Act) and SHORT TERM DISABILITY forms for Obstetrical patients.

Please deliver the forms to our CHECK OUT staff (Not to the physicians) so that the date and the receipt of the forms can be documented.

There is a \$25 Fee for completion of the forms (It is a one time standard fee for this pregnancy, so for any additional forms turned in for the same pregnancy, there will not be an extra charge). Please allow 10-15 Business days for completion, this is the golden rule. *We will not accept last minute forms*.

Please inform us of how you desire the forms to be delivered to you or your place of employment:

- I desire them to be faxed. Fax Number: _____

- I desire them to be sent via patient portal

- I desire them to be mailed. Mailing address: _____

Ways to turn in the forms:

- 1) Email us at cwcdivision39@gmail.com

Note: *We Do Not E-Mail These forms back**, if you decide to email it you have to call us at 202-331-9293 option 1 to have a representative confirm, and print out to hand it in to the appropriate person. If you do not there will be delays.**

- 2) You can fax it to us at 410-584-1739

- 3) You can Mail it to us at: 2141 K ST NW SUITE 808 WASHINGTON, DC 20037

Printed Name of patient

Patient signature

Date of Birth of patient

Date