

Midwest Orthopaedic Center, SC

Completion of Forms Request



MIDWEST
ORTHOPAEDIC
CENTER

Today's Date: _____

Patient Name: _____ DOB _____

Account Number: _____ MOC Physician: _____

Please complete all fields in order to assure your forms are completed and returned in a timely manner.

Type of Form: FMLA ST/LT Disability Other: _____

Patient contact information: For payment and questions: RRS medical will call or email billing and any questions related to completion or release of forms. Please add info@rrsmedical.com to your safe sender in your email.

Phone number: _____ Email: _____

Return Form to: _____

Fax Number: (_____) _____ **Phone Number:** (_____) _____

Patient via secure portal: Email for Link: _____

Release of Information:

I request and authorize Midwest Orthopaedic Center of its agent, RRS Medical, to release healthcare information of the patient named above for the purpose of completing FMLA forms and/or disability claims. I understand that information that may be released includes office notes, radiology reports, special studies, procedure/operative notes, lab results, as well as applicable hospital records related to my claim. This information is not expected to contain information related to behavior health, substance abuse, sexual assault, developmental disability, AIDS/HIV and child abuse, unless a specific request to exclude those is signed. I understand that: 1) I must revoke my authorization in writing and must do so in writing, b) If I revoke my authorization, it will not affect any actions already taken by Midwest Orthopaedic Center based on this authorization. Once Midwest Orthopaedic Center or its agent, has disclosed health information, the recipient may re-disclose it in some situations. Privacy laws may no longer protect the information.

This authorization expires 90 days from the date signed or on this specified date: _____

Date

Signature of patient or patients authorized representative.

Relationship to patient, if not patient: Parent/Guardian POA Other: _____

6000 N. Allen Road, Peoria, Illinois 61614 309-691-1400 fax 309-693-3175
2351 Broadway, Pekin, Illinois 61554 309 353-4159 fax 309-693-3197