



Consultants in Neurology, PA
Rowe Neurology Institute
8550 Marshall Drive, Suite 100
Lenexa, Kansas 66214
913-894-1500 or 800-753-6992

FMLA & Disability Paperwork Policy

There is a \$45 fee due at the time of the request.

Date paid: _____ Form of Payment _____

Due to the amount of time required to review chart notes and complete forms, please allow up to 2 weeks for completion.

Please complete the forms your give us (as much as possible).

- Requested completion date _____
 - Mail/fax completed forms to:
Employer/Employer Contact _____
Phone _____ Fax # _____
Mailing Address: _____
- or
- Employee: _____
Phone # _____ Fax # _____
Mailing Address: _____

Your signature below authorizes RNI to release medical facts, progress notes, scheduled appointments, etc., to FMLA Review Board (excluding any psychological testing).

Patient Signature

Date

Patient Name

Patient Number