



Kansas City Bone & Joint Clinic
a Division of Signature Medical Group of KC, PA



Olathe Office
20920 W. 151st Street, Suite 100
Olathe, KS 66061

Corporate Medical Plaza, Bldg #1
10701 Nall Avenue, Suite 200
Overland Park, KS 66211
Phone: (913) 381-5225 (KCBJ) Fax: (913) 901-0186

Lee's Summit Office
3151 NE Carnegie Dr., Suite B
Lee's Summit, MO 64064

DISABILITY / FMLA DROP OFF FORM

Date: _____

Patient's Name: _____ KCBJ Acct Number: _____

Date of Birth: _____ Is this a Worker's Compensation Claim? Yes No

****I authorize release of my protected health information for the purpose of completing for to:**

Patient Signature: _____

Contact/Phone Number: _____

- Currently Working
- Not Working (1st day off _____)
- Will be off after surgery (date): _____

How long are you expecting to be off?
(Enter Date) _____ or approximate time _____

If you have restrictions, but are returning to work, please list:

- Call patient when completed (Patient will pick up)
- Mail to Patient
- Mail to Company
- Fax to company (will fax one time and mail copy to patient): Fax Number: _____
- Paid

KCBJ Employee Initials _____

PLEASE NOTE: A minimum fee of \$20.00 is required prior to completion of each form. Payment is expected at the time the form is dropped off and prior to sending to any authority.

Please allow 7-10 business days for form completion. Thank You!