



FORM COMPLETION REQUEST

Disability Benefits / FMLA Authorization

Lowcountry Orthopaedics & Sports Medicine, a member of Arcis Healthcare, L.L.C., has developed a standard form for disability benefits that will be sent to your disability carrier. We do not complete specific disability forms from individual carriers.

A processing fee applies to each form request payable through RecordQuest, or by calling the office at 843-793-6753. Payment must be made prior to form completion. After the first form has been completed, all patient account balances must be paid and kept current before any additional disability forms will be completed.

ALL forms (disability, FMLA, loan, out-of-work, etc.) are completed in the order in which they are received after the chart and medical records are made available. There are approximately 15 forms submitted each day. Therefore, it may not be possible to complete your form immediately. While we ATTEMPT to complete every form within a reasonable time frame (usually within 10 days), we will not always be able to complete your form before the deadline.

Please remember to ask your doctor to address your work status or any restrictions at every visit.

_____	_____	____/____/____	_____
Patient First Name	Patient Last Name	Date of Birth	Social Security Number

How would you like to receive notifications about the status of your request?

- Email ⇒ Email Address _____
- Text Message ⇒ Mobile Phone _____
- Automated Call ⇒ Phone _____

How would you like the completed form delivered?

- Securely delivered to you electronically (You must enter an EMAIL ADDRESS or MOBILE PHONE above)
- Picked-up in the office
- Faxed ⇒ Name / Company _____ Fax Number _____

Claim Number (if you have it) _____

I authorize Lowcountry Orthopaedics and Sports Medicine a member of Arcis Healthcare, L.L.C. to release all information requested for the processing of my claim(s). I acknowledge this form is valid for one year from the date I sign and may be revoked at any time by providing written notice to our Medical Records/ Legal Department.

Signature _____ Date ____/____/____



Lowcountry Orthopaedics & Sports Medicine, a member of Arcis Healthcare, L.L.C. has partnered with RecordQuest to collect payments, complete forms, and provide status updates. You may receive communications from RecordQuest during the form completion process. Any information you share is used strictly to fulfill your request.