



Ear, Nose, Throat - Head & Neck Surgery
of Huntsville

Otolaryngology - Head & Neck, Facial, Plastic & Reconstructive Surgery

Dr. Mark L. Hagood
Dr. Shane P. Davis

Dr. Benjamin D. Powell
Dr. J. Stephen Brigance

Dear Patient:

Your health care is our top priority. Completing forms for non-medical services related to your business affairs requires additional time and service from our staff. Any payments made by you or your insurance company have been for well-defined medical services. We are happy to provide information to a third party regarding medical disability, family leave, etc. when required. Though these forms may appear simple, they still require accurate, verifiable information that requires paid personnel to research and complete.

With this in mind, a nominal fee of \$10.00 is required for our staff to complete these forms within 7-10 days of presentation to our office.

Thank you for your understanding.

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FMLA/Short-term Disability

I, _____, am requesting completion of FMLA/short-term disability paperwork to be completed by the office of ENT-HNS of Huntsville. I give permission for this office to release medical information necessary for the completion of my claim.

Signature

Date

Dates out of work: ____ / ____ / _____ - ____ / ____ / _____

Brief job description: _____

Phone numbers where I may be reached: (____) ____ - _____
(____) ____ - _____

Please fax form to: (____) ____ - _____ (pre-payment required)

Please mail form to: _____ (pre-payment required)

I would like to pick up form on: ____ / ____ / _____

Paid: _____ Will pay when pick up: _____