

CARE FOR WOMEN

*The comprehensive care you need
The compassion & convenience you deserve*

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Care for Women Policy on Completing FMLA Forms

The FMLA Act

The Family and Medical Leave Act (FMLA) entitles eligible employees who work for covered employers to take unpaid, job-protected leave for specified family and medical reasons, with continuation of group health insurance coverage under the same terms and conditions as if the employee had not taken leave. The employer may require the employee to submit a certification from a health care provider to support the employee's need for FMLA leave to care for a covered family member with a serious health condition or for the employee's own serious health condition. The employer **may not** request a certification for leave to bond with a newborn child or child placed for adoption or for foster care.

FMLA Law and Employer's Policies vs. Physician Certification of Serious Health Condition.

The Government's law, and your employer's policies, pertaining to FMLA leave are completely separate from the physician's certification of a serious medical condition. The physician can only certify if a condition is serious medical condition, and the period of time medically needed for a patient's treatment and recovery. For the physician to certify anything more than this would be fraudulent. However, FMLA and your employer's policies may provide for additional time to be granted to the employee and this should be addressed with your employer.

Surgery and Medical Procedures

The physician can only certify that you require leave for the period of time that is medically necessary. To state otherwise would be fraudulent.

Pregnancy, Delivery and Recovery

With respect to pregnancy and recovery, the Law provides that you may take FMLA leave for the birth of a child, or for the placement of a child for adoption or foster care, and to bond with the child. However, it does not necessarily provide for leave prior to delivery of the baby, unless you have an incapacitation condition, such as incapacitation morning sickness or medically-required bed rest, or even for individual prenatal medical appointments. Therefore, the physician cannot certify that you need time off prior to delivery if you do not have an incapacitating complication of pregnancy.

Resources for Your Information

The United States Department of Labor has issued a guidebook for employees that is available online. It is called *The Employee's Guide to the Family and Medical Leave Act*. This guide is an excellent Resource to explain the FMLA law and your rights and responsibilities under it.

Date Received: _____

Employee's Initial: _____

**PLEASE ALLOW 10-14 BUSINESS
DAYS FOR COMPLETION OF
FMLA/DISABILITY FORMS**

Care for Women
350 Kingwood Medical Dr. #350
Kingwood, Tx 77339

Acct# _____

Dr. _____

FORM REQUEST

ALL FORMS REQUIRE A \$25.00 FEE TO BE PAID AT THE TIME YOU DROP OFF FORMS
THEY WILL NOT BE ACCEPTED WITHOUT PAYMENT

This form is for: (write name if other than patient)

Patient Spouse _____ Other _____

Type of Form: (circle one)

Disability Form FMLA Form Other _____

PLEASE CHECK HOW YOU WOULD LIKE THE FORM TO BE RETURNED OR SENT:

(Due to HIPPA Laws we are unable to allow you to pick forms up)

_____ Faxed to _____ Fax number _____

_____ Mail to _____ Address _____

_____ Receive through patient portal

PLEASE WRITE DOWN ANY SPECIFIC INFORMATION WE
MAY NEED TO FILL OUT YOUR FORM CORRECTLY
PLEASE INCLUDE EXPECTED TIME OFF

Patient Signature

Date