DISABILITY FORM COMPLETION

All About Women of Christiana Care, Inc. is happy to help you apply for disability benefits by completing necessary forms. In order to ensure a smooth process, we ask you to follow these brief guidelines:

Please write your name on the front of the form.

Complete and sign any patient or spouse section.

Note the date your disability took effect or is to take effect (e.g. the day you deliver, have surgery, are put on bed rest, etc)

Allow two weeks for completion.

A charge of $15 will be assessed to complete disability forms. Payment must be made when the form is dropped off for completion.

Completed forms will be mailed or faxed directly to the employer or insurance company unless you request to pick them up.

Thank you,

The Staff at All About Women of Christiana Care, Inc.

DISABILITY FORM COMPLETION
In order to assure a smooth process we ask you to answer the following questions:

Name_____ DOB_____

Do you want your disability form(s):

Faxed-( )-_____

Mailing Address_____

_____

_____

You will pick up _____

Other Instructions_____

Please list dates you plan to be out of work_____

Please note that a $15 charge will be assessed to all forms. Payment must be made when form is dropped off for completion.

Thank you,

The Staff at All About Women of Christiana Care, Inc.

Payment_____

Date of Drop Off_____