



*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 a child placed for adoption or 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 incapacitating condition, such as incapacitating 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.



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All FMLA and Disability forms must be dropped off and a \$25 form fee will be collected. Forms will not be accepted without payment.

Your forms will be ready within 10-14 business days. You will now have the option to have your forms faxed, mailed or you may view them on our secured patient portal. You will no longer have the option to pick up your forms due to HIPAA regulations.

Please print out the form request and attach to your FMLA/Disability forms.

Thank you in advance for your assistance in this important matter.

Care for Women

Date Received: _____
Employee's Initials: _____

**PLEASE ALLOW 10-14
WORKING DAYS FOR
NECESSARY PAPERWORK**

Care For Women
350 Kingwood Medical Dr.
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 pt)

Patient Spouse _____ Other _____

Type of Form: (circle one)

Disability Form FMLA Form Other _____

**PLEASE CHECK HOW YOU WOULD LIKE THE FORM RETURNED OR SENT: (Due to HIPPA Laws
we are unable to allow you to pick up forms)**

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.
INCLUDE EXPECTED TIME OFF**

BY SIGNING THIS FORM YOU ARE AUTHORIZING CARE FOR WOMEN TO FILL OUT THE
ATTACHED FORM WITH INFORMATION THAT IS REQUESTED AND FORWARD IT TO
THOSE LISTED ABOVE

Patient Signature Date