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Jennifer Barlow, M.D. Christine Maynard, M.D. Clare Szymanski, CNM, WHNP, MSN, APN  
Karen M. Earl, M.D. Ashley August, PA-C Molly A. Larkin, M.D. Regina Smith, D.O.  
Heike Kuehn, APN, MSN Natalie Chavez, M.D. Casey Bedder, D.O. Michele LaMarr-Suggs, CNM  
Patricia Ciranni, WHNP, MSN, APN. Nancy Welch, WHNP



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Phone Number: 302.224.8400

Fax Number: 302.633.6020

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4735 Ogletown-Stanton Road \* Suite 2300 \* Newark, DE 19713  
4600 New Linden Hill Road \* Wilmington, DE 19808  
2600 Glasgow Avenue \* Suite 120 \* Newark, DE 19702

## **DISABILITY FORM COMPLETION**

All About Women, P.A. 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 \$20 will be assessed to complete disability forms. Payment must be made when the form is dropped off for completion. To expedite this request there will be an additional \$5 fee applied to all forms that need to be completed in less than 7 business days.**

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, P.A.

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## DISABILITY FORM COMPLETION

**\*\*Please allow 7-10 business days to complete forms\*\***

Patient's Name: \_\_\_\_\_ DOB: \_\_\_\_\_

**Please be sure your name is on all forms and your part is filled out prior to faxing.**

If we are completing forms for a spouse or other family member, please provide name:

Spouse/Other Name: \_\_\_\_\_

**Continuous Leave:**  Yes  No      **Intermittent Leave:**  Yes  No

EDC or Date of Surgery: \_\_\_\_\_

Date leave is to begin: \_\_\_\_\_ Date of return: \_\_\_\_\_  
*(Please note our office allows 6 weeks for a vaginal delivery and 8 weeks for a c-section delivery)*

Please choose **ONE** of the following to help us expedite your forms

Fax #: \_\_\_\_\_ Attention: \_\_\_\_\_

Mail to: \_\_\_\_\_  
\_\_\_\_\_

Pickup Location:  Medical Arts Pavilion II  Pike Creek  Glasgow

**\*\*Our office charges \$20 for completion of forms processed within 7-10 business days. To expedite this request, there will be an additional \$5 fee applied to all forms that need to be completed in less than 7 business days.**

Payment method: \_\_\_\_\_ Date dropped off: \_\_\_\_\_

Date Received: \_\_\_\_\_ Date Completed: \_\_\_\_\_  
Completed by: \_\_\_\_\_