

Thank you for submitting your forms request.

- ✓ Fill out a RELEASE OF INFORMATION AUTHORIZATION & attach your blank forms for completion. *Provide an email address for easy status updates!*
- ✓ Deliver the completed release and blank FMLA/Disability forms to your doctor's office.
- Contact BACTES within 24 hours after submission to make your payment arrangement. A fee of \$30.00 per form is required prior to form completion.**
- ✓ Once payment is received, your form will be completed and sent to the recipient listed on your release.

Questions? Need to make Payment?

866.641.4778

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a sharecare company

FOR QUESTIONS REGARDING
YOUR FMLA OR DISABILITY
PAPERWORK

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866.641.4778

tvsc@bactes.com

BACTES Imaging Solutions, LLC, a trusted Business Associate of North Florida Women's Care, adheres to all state and federal regulations regarding your protected health information.



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