

## Thank you for submitting a FMLA/Disability Form request

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- ✓ Fill out a FMLA/DISABILITY 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.
- ☐ **You will receive communication (via email and/or phone call) from Sharecare HDS within 48 hours after submission to accept your payment. A fee of \$30.00 per form is required prior to form completion.**
- ✓ Once payment is received, your form will be completed within 5 business days and sent to the recipient listed on your release.

For questions, please call:

**(866) 273-4039**



FOR QUESTIONS REGARDING  
YOUR FMLA OR DISABILITY PAPERWORK

Questions? Please contact:



Sharecare Health Data Services, LLC, a trusted Business Associate of N.FL Women's Care, adheres to all state and federal regulations regarding your protected health information.