



To Whom It May Concern:

This letter is to confirm that I have applied for short-term disability/FMLA with my company. This letter is being sent in order to indicate my intention for your office to release information to them in order to process my short-term disability/FMLA claim. I understand there is a \$25.00 fee for this service.

If you have any questions or require further clarification please feel free to contact the office at 312-642-9844.

Thank you,

NOGC

Patient name (print): \_\_\_\_\_

Patient Signature: \_\_\_\_\_

Date: \_\_\_\_\_