



Mount Gilead E.V. Schools
"...on A Journey to Excellence!"

Reporting a Family Medical Leave Claim:

1. Call your supervisor to report your absence. Failure to contact your supervisor may result in a policy violation.
2. Call CareWorks USA, toll-free, at 1-888-436-9530. Failure to contact CareWorks USA may result in a delay or denial of your claim.
3. Complete and return information provided to you as soon as possible.

CareWorksUSA

1-888-436-9530

Employee/Patient Name: _____

Date of Birth: _____ Claim #: _____

Authorization to Release Information

I authorize my health care provider(s) that has/have information about my health history, condition or treatment to disclose any or all of this information to CareWorks USA and/or its agents, who administer claims or requests for leave on behalf of my employer. I understand that any information CareWorks USA, acting on behalf of my employer, obtains pursuant to this authorization will be used for evaluating and administering my claim(s) under the Family Medical Leave Act (FMLA), which may include assisting me in returning to work. I understand this information may be used by CareWorks USA, acting on behalf of my employer, to clarify and authenticate any medical information presented on my FMLA documentation. I agree to allow a health care provider representing CareWorks USA to contact my health care provider in relation to my request for leave for clarification or authentication. I further understand that the information CareWorks USA obtains pursuant to this authorization is subject to re-disclosure for determination of requested benefits, which may not be protected by Federal privacy regulations. I understand this authorization is valid for the duration of the claim.

Employee/Patient Signature

Date