

Sharecare FMLA/Disability Submission Portal Instructions

1. Navigate to
orthocarolina.com/patient-forms
2. Add the **Patient Information** into the patient specifics and the **patient's Email Address or Cell Phone**.



Disability/FMLA Request Submission

Patient Information

First Name*

Last Name*

Date of Birth*

E-mail Address*

OR

Cell Phone*

3. Click the **Add button** to locate your form on your device and upload your blank form.
*Ensure the blank form is in PDF format.



Upload FMLA Disability Form Here*

(Please upload a single PDF document and ensure it is not encrypted)

****Note If there are multiple pages to submit, you will need to combine the pages to form one PDF document before uploading.****

4. Select where we will send the form after completion by choosing the **Fax or Email** option below. Then input the fax number or email address.



Where does this FMLA/Disability form get sent after completion?*

Fax E-mail



5. Click **Next**

Please note: There may be a payment due in order to process your form. Should there be a payment due, you will receive an e-mail within 2 business days. You may make payment by clicking the link in the e-mail. Payment cannot be made in advance or before payment link is received. Thank you.

[Terms of use](#)

6. Review the request before submission

Request Review

Patient Information

Name:
 Date of Birth:

E-mail Address:
 Cell Phone:

Attached File:

Recipient Information

E-mail or Fax:

7. Click **Send** to submit to the Sharecare team