

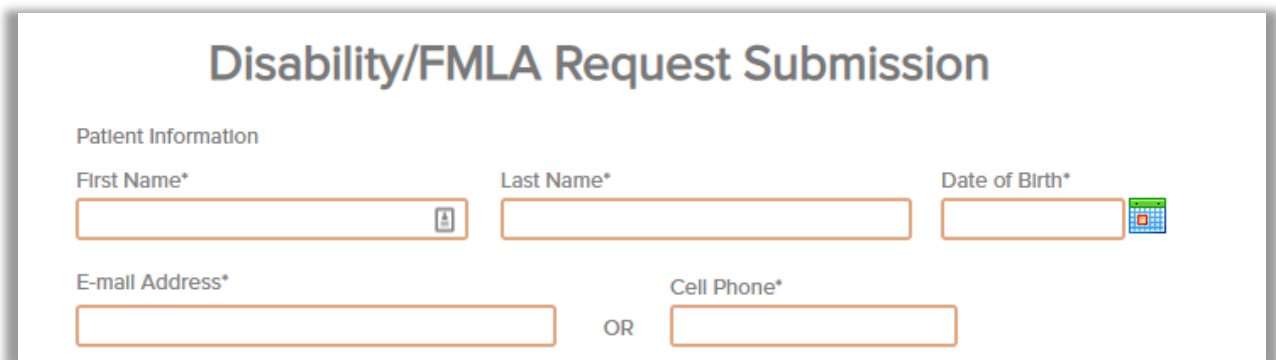
Sharecare FMLA/Disability Submission Portal Instructions

1. Navigate to portal website:

<https://submissionportal.hds.sharecare.com/lfserver/FormRequest?ClientID=MA119F>

**If you bookmark the tool, please be sure to edit your bookmark and copy and paste the above URL.*

2. Add the **Patient Information** into the patient specifics and the **patient's Email Address or Cell Phone**.



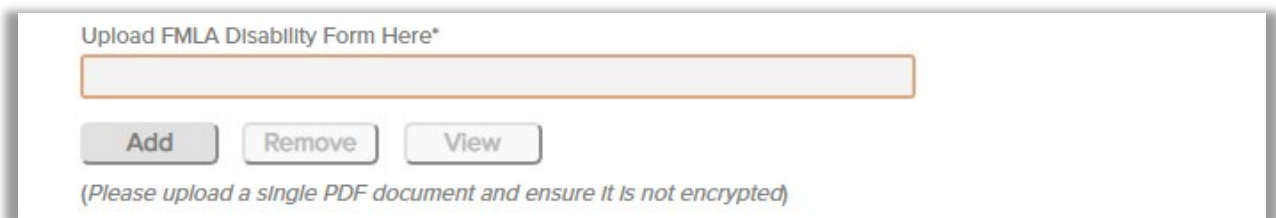
Disability/FMLA Request Submission

Patient Information

First Name* Last Name* Date of Birth*

E-mail Address* OR Cell Phone*

3. Click the **Add button** to open a dialog box that will allow you to search for the PDF file you want to upload. Then, **upload** the blank form in PDF format that needs to be completed.



Upload FMLA Disability Form Here*

Add Remove View

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

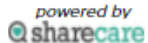
****Note, you can only upload one PDF document at a time. Please add the pages to form one PDF document if you have multiple documents to upload for the same patient.**

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