

**From:** [Connor, Patricia S](#)  
**To:** [WHDPRAComments](#)  
**Subject:** FMLA Forms  
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On this identifier for chronic conditions, I would add 2 lines and have the provider identify the 2 treatment visits:

- ☐ (6) Chronic Conditions  
Due to the condition, it is medically necessary for the patient to have **treatment visits at least twice per year.**

Thank you kindly,

Pat

Pat Connor, JD, CLMS  
Manager, Integrated Absence Services  
**BON SECOURS MERCY HEALTH**  
1701 Mercy Health Place  
Cincinnati, Ohio 45237  
ofc: 513-952-5263  
email: [psconnor@mercy.com](mailto:psconnor@mercy.com)

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