

**[Date]**

**[Healthcare Provider Name]**

[Clinic/Hospital Name]

[Address]

[City, State, Zip Code]

**RE: Clarification of FMLA Medical Certification for [Employee Name]**

Dear **[Healthcare Provider Name]**,

We have received the Family and Medical Leave Act (FMLA) certification form you completed for **[Employee Name]** on **[Date]**. Upon review, we found certain entries that require clarification to ensure the request is processed accurately.

Specifically, we noted the following inconsistencies or unclear information:

- **[Describe inconsistency, e.g., The start date of the condition conflicts with the duration of leave requested.]**
- **[Describe inconsistency, e.g., The frequency of episodes listed in Section A does not match the total leave estimate in Section B.]**

Under FMLA regulations (29 C.F.R. § 825.307), an employer may contact a healthcare provider to clarify or authenticate a medical certification. We are not seeking a diagnosis, but rather a clarification of the facts already provided on the form.

To assist us, please provide a written response clarifying these points or provide an updated certification form. We have attached a copy of the original certification and a signed medical release from the employee for your records.

Please provide this information by **[Date - typically 7 days]** to avoid delays in the employee's leave approval process. You may fax the response to **[Fax Number]** or mail it to the address below.

Thank you for your assistance.

Sincerely,

**[Your Name]**

[Your Title]

[Company Name]

[Phone Number]

[Email Address]