

=====			

=====			

BE C LE ED B HE CLAI A

LEA E E I BE E A E ALL E I -FAIL E D A DELA CLAI .
E E A A E IECE F A E C LE EA E IF ECE A

DATE OF ACCIDENT OR BEGINNING OF SICKNESS DATE FIRST UNABLE TO WORK DATE YOU PLAN TO RETURN TO WORK LIST STATES IN WHICH YOU MAY BE LIABLE FOR FILING TAX RETURNS

DESCRIBE IN YOUR OWN WORDS WHAT IS WRONG WITH YOU (IF ACCIDENT, DESCRIBE CIRCUMSTANCES AND ADVISE WHETHER IT OCCURRED AT WORK). HAVE YOU HAD THE SAME OR SIMILAR CONDITION IN THE PAST? IF SO, PLEASE DESCRIBE IN DETAIL.

PLEASE LIST ANY HOSPITALS, CLINICS OR PHYSICIANS THAT TREATED YOU FOR YOUR ILLNESS OR INJURY.
A E C LE EADD E EA E E I D

PLEASE DESCRIBE YOUR JOB DUTIES IN DETAIL. WHAT PERCENT OF YOUR JOB REQUIRES PHYSICAL LABOR?

PLEASE LIST ALL BENEFITS YOU ARE RECEIVING OR ELIGIBLE TO RECEIVE UNDER ANY OTHER GROUP INSURANCE, GOVERNMENT PLAN OR AUTOMOBILE MANDATORY NO-FAULT COVERAGE.
BE EFI G EEKL A DA E BEGA AID H DA E

PLEASE PROVIDE THE NAME OF YOUR MEDICAL INSURANCE CARRIER

THIS IS TO CERTIFY THAT THE FACTS AS INDICATED ABOVE ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.
SIGNATURE OF AUTHORIZED REPRESENTATIVE DATE SIGNED

The issuance of this form issuance

BE C LE ED B A E DI G H ICIA

DIAGNOSIS AND CONCURRENT CONDITIONS, INCLUDING ICD OR DSM CODE.

IS CONDITION DUE TO PREGNANCY? YES NO IF "YES", PLEASE PROVIDE THE FOLLOWING INFORMATION IF APPLICABLE.
APPROXIMATE DATE PREGNANCY COMMENCED ESTIMATED DATE OF CONFINEMENT DATE OF DELIVERY TYPE OF DELIVERY

COMPLICATIONS

IS CONDITION DUE TO INJURY OR SICKNESS ARISING OUT OF PATIENT'S EMPLOYMENT? YES NO DATE SYMPTOMS FIRST APPEARED OR ACCIDENT HAPPENED. DATE PATIENT FIRST CONSULTED YOU FOR THIS CONDITION.

DATES OF SERVICE - INCLUDE DATE OF NEXT APPOINTMENT (IF PREVIOUS FORM SUBMITTED TO THIS CARRIER, YOU NEED SHOW ONLY DATES SINCE LAST REPORT).

HAS PATIENT EVER HAD SAME OR SIMILAR CONDITION? YES NO IF "YES", WHEN AND DESCRIBE PATIENT STILL UNDER YOUR CARE FOR THIS CONDITION? YES NO

HAS PATIENT BEEN HOSPITAL CONFINED? YES NO IF "YES", CONFINED FROM THRU
NAME AND ADDRESS OF HOSPITAL

NATURE OF SURGICAL PROCEDURE, IF ANY
INPATIENT OUTPATIENT DATE PERFORMED

PATIENT WAS CONTINUOUSLY TOTALLY DISABLED - (UNABLE TO WORK) IF STILL DISABLED, DATE PATIENT SHOULD BE ABLE TO RETURN TO WORK.
From: Thru:

REMARKS: WE ARE INTERESTED IN ANY INFORMATION THAT WOULD BE HELPFUL TO YOUR PATIENT FOR EVALUATION OF THIS CLAIM.

DATE PHYSICIAN'S NAME (PRINT) SIGNATURE

DEGREE SOCIAL SECURITY NUMBER TAX IDENTIFICATION NUMBER

STREET ADDRESS CITY OR TOWN STATE OR PROVINCE ZIP CODE TELEPHONE

I A CLAIMS

California Residents: Any person who knowingly presents a false or fraudulent claim for the payment of a loss is guilty of a crime and may be subject to fines and confinement in state prison.

Colorado Residents: It is unlawful to knowingly provide false, incomplete or misleading facts or information to an insurance company for the purpose of defrauding or attempting to defraud the company. Penalties may include imprisonment, fines, denial of insurance, and civil damages. Any insurance company or agent of an insurance company who knowingly provides false, incomplete or misleading facts or information to a policyholder or claimant for the purpose of defrauding or attempting to defraud the policyholder or claimant with regard to settlement or award payable from insurance proceeds shall be reported to the Colorado division of insurance within the department of regulatory agencies.

District of Columbia Residents: WARNING: It is a crime to provide false or misleading information to an insurer for the purpose of defrauding the insurer or any other person. Penalties include imprisonment and/or fines. In addition, an insurer may deny insurance benefits if false information materially related to a claim was provided by the applicant.

Florida Residents: Any person who knowingly and with intent to injure, defraud or deceive any insurer files a statement of claim or an application containing any false, incomplete or misleading information is guilty of a felony of the third degree.

Kansas Residents: Any person who knowingly and with intent to defraud any insurance company or other person (1) files an application for insurance or statement of claim containing any materially false information; or (2) conceals for the purpose of misleading, information concerning any material fact thereto, may be guilty of insurance fraud determined by a court of law.

Kentucky Residents: Any person who knowingly and with intent to defraud any insurance company or other person files a statement of claim containing any materially false information or conceals, for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime.

Louisiana Residents: Any person who knowingly and with intent to defraud any insurance company or other person files a statement of claim containing any materially false information or conceals, for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime.

Maryland Residents: Any person who knowingly or willfully presents a false or fraudulent claim for payment of a loss or benefit or who knowingly or willfully presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

Minnesota Residents: A person who files a claim with intent to defraud or helps commit a fraud against an insurer is guilty of a crime.

New Jersey Residents: Any person who knowingly files a statement of claim containing any false or misleading information is subject to criminal and civil penalties.

Oregon Residents: Any person who includes any false or misleading information on an application for an insurance policy, may be guilty of fraud and may be subject to civil or criminal penalties if intentional and material to the risk assumed.

Pennsylvania Residents: Any person who, knowingly and with intent to defraud any insurance company or other person, files an application for insurance or statement of claim containing any materially false information, or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime and subjects such person to criminal and civil penalties.

Rhode Island Residents: Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

Tennessee Residents: It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines and denial of insurance benefits.

Texas Residents: Any person who knowingly presents a false or fraudulent claim for the payment of a loss is guilty of a crime and may be subject to fines and confinement in state prison.

Virginia Residents: Any person who, with the intent to defraud or knowing that he is facilitating a fraud against an insurer, submits application or files a claim containing a false or deceptive statement may have violated state law.