



# PROVIDENT AMERICAN

## SICKNESS - PHYSICIAN'S STATEMENT

Failure to complete this form in its entirety may result in a delay in processing this claim.

PATIENT'S NAME: \_\_\_\_\_ POLICY NUMBER: \_\_\_\_\_

### PHYSICIAN'S STATEMENT Please answer each question COMPLETELY.

PHYSICIAN'S NAME

PHONE NUMBER

FAX NUMBER

ADDRESS

CITY

STATE

ZIP

DATES OF SERVICE	DIAGNOSIS CODE ICD	DIAGNOSIS DESCRIPTION	PROCEDURE CODE	PROCEDURE DESCRIPTION

Symptoms first occurred on: \_\_\_\_\_ If diagnosed with cancer, date of initial diagnosis: \_\_\_\_\_

Patient first consulted you for this condition on: \_\_\_\_\_

Is there a referring physician?  Yes  No If yes, physician's name \_\_\_\_\_

Referring physician's address: \_\_\_\_\_ Phone number: \_\_\_\_\_

Was patient hospitalized as a result of this diagnosis?  Yes  No Admission date \_\_\_\_\_ Discharge date \_\_\_\_\_

Hospital name and address: \_\_\_\_\_

PHYSICIAN'S SIGNATURE

PRINT PHYSICIAN'S NAME

DATE

TAX ID NUMBER

**ATTENTION PHYSICIAN: If patient is disabled, please ALSO complete the section below.**

### PHYSICIAN'S STATEMENT OF DISABILITY (MUST BE COMPLETED BY PHYSICIAN OR MEMBER OF PHYSICIAN'S STAFF)

1. First date of disability: \_\_\_\_\_ Last date of treatment: \_\_\_\_\_
2. Is patient currently working:  full-time  part-time  light duty Date patient was released to return to work \_\_\_\_\_
3. If patient has not been released to return to work or if patient is working light duty, please provide the next scheduled appointment date \_\_\_\_\_
4. If patient is not employed or employed or working less than 30 hours, which Activities or Daily Living (ADLs) is the patient unable to perform?  Continence  Transferring  Dressing  Toileting  Eating  Bathing

PHYSICIAN'S SIGNATURE

PRINT PHYSICIAN'S NAME

DATE

TAX ID NUMBER

Any person who knowingly presents a false or fraudulent claim for the payment of a loss is subject to criminal and civil penalties.

MAIL TO  
**PROVIDENT AMERICAN INSURANCE COMPANY**  
**10501 NORTH CENTRAL EXPRESSWAY, SUITE 200**  
**Dallas, TX 75231**  
**PHONE: 800.933.9456 OR 214.696.9091 FAX: 214.237.8664**