

# Disability Claim Attending Physician's Statement

## Patient Information

Patient Name

Date of Birth

Policy/Certificate Number

Claim Number

## Medical Information

Diagnosis (including ICD code)

Date of First Visit

Date of Last Visit

Subjective Symptoms

Objective Findings

Treatment Plan

Medications

## Disability Assessment

Period Totally Disabled (dates)

Current Restrictions/Limitations

Prognosis for Recovery

Physician Information

Physician Information

Physician Name

Specialty

Address

Phone Number

Fax Number

Physician Signature

Date