

PHYSICIAN REPORT FOR DISABILITY BENEFITS

(To prevent any unnecessary delays in processing your patient's claim, all questions must be answered.)

Member Name _____ Social Security # _____

Date of birth: _____ If pregnant: EDDelivery _____ or Delivery Date _____ Type of delivery _____

ICD-9 _____ Diagnosis _____

a. Symptoms: _____

b. Has patient ever had same or similar condition?
 No Yes; please state when and describe. _____

c. Objective findings: Please forward the results of any tests relevant to the diagnosis listed above.

1. Is/Was patient totally disabled on a full-time consistent basis from: Patient's job? Yes No
Any other work? Yes No

2. Please furnish exact dates of total disability (unable to work): From _____ through _____
(Do not complete form prior to date disabled.)

3. Please indicate the patient's expected return to work date: _____

HISTORY

A. When did symptoms first appear or accident happen: Date _____

B. Is condition due to injury or sickness arising out of patient's employment?
 No Yes; please explain: _____

TREATMENT

A. Please list all dates of treatment (since previously reported if this is an update): _____

B. Please indicate the types of treatment (you may provide treatment notes in place of dates and types of treatment):

1 - Medications prescribed: _____

2 - Type of surgery: _____ 2a - Date of surgery: _____ CPT code: _____

3 - Therapy: _____

C. Names and addresses of other treating physicians:

D. Please indicate limitations in activities and how the condition prevents work performance on a full-time consistent basis:

E. Has patient been in the hospital? No Yes From _____ through _____
Name of hospital: _____

F. Has patient been confined to his/her home?
 No Yes From _____ through _____
If yes, give a brief description why: _____

G. Has the patient reached maximum medical improvement with regard to this disability? No Yes
If no, when do you anticipate the patient will reach the maximum medical improvement? _____

H. Do you have a signed release of information form in the event MESSA needs to contact you for additional information?
 Yes No

