

Attending Physician's Statement for Disability Policy Reinstatement

1. Patient Information

Full Name

Date of Birth

Policy Number

Contact Number

2. Medical History & Disability Details

Primary Diagnosis

Date Symptoms First Appeared

History of Present Illness (include previous related conditions, treatment, and response)

Current Condition Status

Treatment Plan (medication, therapy, referrals, etc.)

3. Disability Information

Is the patient currently disabled?

If disabled, provide dates: From _____ To _____

Explain the extent of disability and any activity limitations

4. Prognosis

Prognosis and Anticipated Recovery Date

Comments (if any)

5. Physician Information

Name

Specialty

License Number

Phone

Address

Physician's Signature

Date
