

5.2 DISABILITY CLAIM FORM (Doctors part)

**DOCTORS REPORT
DISABILITY BENEFIT CLAIM**

To be completed by the treating doctor	
Patient's name:	D.O.B.:
Address:	Occupation:
Diagnosis	
If is due to an Accident, when that happened?	If is due to illness, when that happened?
Where and when was the patient treated?	
Since when do you treat the patient?	When was the last time you examined him/her?
Is the patient suffering or did he/she suffer from any illness, injury or any other disorder that might affect this incident? Give details:	
What medical examinations took place in relation to this incident?	
What is the patient's condition today, please describe: (Please report if there are any specific conditions that bind the patient, is he/she using any special equipment such as a wheel chair)	
What therapy did the patient followed? Report any surgical operation, medication or other treatments:	
Is the patient bedridden? YES <input type="checkbox"/> NO <input type="checkbox"/> in a Hospital <input type="checkbox"/> at home <input type="checkbox"/> not confined at all <input type="checkbox"/>	
Does the patient receive any other treatment by any other doctor of other specialty? Give details:	
Is the patient able to contact his/her job? YES <input type="checkbox"/> NO <input type="checkbox"/>	
If NO is the patient able to contact a job of other nature? YES <input type="checkbox"/> NO <input type="checkbox"/>	
If YES, since when? If NO, why?	
Is the patient PERMANENTLY but PARTIALLY disable?	
Is the patient PERMANENTLY and TOTALLY disable? YES <input type="checkbox"/> NO <input type="checkbox"/>	
If patient is PERMANENTLY and TOTALLY disable, explain why, on your professional opinion, he/she cannot ever contact any job/occupation:	
For additional clarifications attach a separate page	
Doctor's name:	Specialty:
Address:	Telephone:
..... Doctor's Signature and Seal Date

Warning: All supporting documentation (originals) must be provided along with the claim forms

Supporting Documentation for disability claim

1. Claim Forms (Fully completed) (Within 12 months from the date of the accident or the manifestation of the disease)
2. Medical history/ Report of Doctors' Board
3. Photocopy of the Insured's Identity card
4. Report by the ministry of Labor and Social Security for the Disability, on which it is written analytically on what disability percentage, the insured's retirement is based.
5. Employer's Report