

ATTENDING PHYSICIAN'S STATEMENT

Please Complete and Mail To:

VFIS

P.O. Box 5126, York, Pennsylvania 17405-9726 Call (717) 741-0911 · Toll Free: (800) 233-1957 Fax # (717) 747-7051 NOTE: SEE ENCLOSED SHEET FOR IMPORTANT STATE INFORMATION.

Name of	f Patient			DOB
	3			
Regular	Occupation			
Name of Insured Organization			cy No	
any acc	Have Insured Mer authorize any hospital, physician, or other person who has ident or illness, medical history, consultation, prescriptior ation shall be considered as effective and valid as the origin	ns or treatment, and copies of all ho	ish to VFIS, Inc., any and all in spital or medical records. A	
The	a – TO BE COMPLETED BY ATTENDING PHYSICIAN e above named individual has filed a claim for benefits as a might give his claim proper attention, would you kindly answ			
(1)	Diagnosis and concurrent conditions (If fracture or disloca	tion, describe nature and location, If S	ickness / Illness describe natu	re).
(2A)	When did symptoms first appear or accident happen?	Date		
(B)	When did patient consult you for this condition?	Date		
(C)	Has patient ever had same or similar condition? (If Yes, s	state when and describe) Yes	No	
(3A)	Nature of surgical procedure, If Any (Describe Fully) -	Date Performed	Inpatient	Outtpatient
(B)	If performed in hospital, give name and address:			
(4)	What other services, if any, did you provide patient?			
(5)	Is patient still under your care for this condition? If "No" give date your services terminated.	Yes Date	No	
(6A)	How long was or will patient be continuously totally disabl (Unable to perform Regular Occupation)	ed due to diagnosis in #1 above? From Date	Through	
(B)	How long was or will patient be partially disabled?	From Date	Through _	
(C)	Approximate date patient will return to work if still disabled	d Date		
(7)	Restrictions:			
Date	Signature(a	attending physician)	(degree)	(telephone no.)
Address	. <u> </u>			

Fraud Warning

It is a crime to provide false or misleading information to an insurer for the purpose of defrauding the insurer or any other person. Penalties include imprisonment and/or fines. In addition, an insurer may deny insurance benefits if false information materially related to a claim was provided by the applicant.

Applicable in Arizona

For your protection Arizona law requires the following statement to appear on this form. Any person who knowingly presents a false or fraudulent claim for payment of a loss is subject to criminal and civil penalties.

Applicable in California

For your protection California law requires the following to appear on this form: Any person who knowingly presents false or fraudulent claim for the payment of a loss is guilty of a crime and may be subject to fines and confinement in state prison.

Applicable in Colorado

It is unlawful to knowingly provide false, incomplete, or misleading facts or information to an insurance company for the purpose of defrauding or attempting to defraud the company. Penalties may include imprisonment, fines, denial of insurance and civil damages.

Applicable in Florida

Any person who knowingly and with intent to injure, defraud, or deceive any insurer files a statement of claim or an application containing any false, incomplete, or misleading information is guilty of a felony of the third degree.

Applicable in New Jersey

Any person who knowingly files a statement of claim containing any false or misleading information is subject to criminal and civil penalties.

Applicable in New York

Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information, or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime, and shall also be subject to a civil penalty not to exceed five thousand dollars and the stated value of the claim for each such violation.

Applicable in Pennsylvania

WARNING: Any person who knowingly and with intent to injure or defraud any insurer files an application or claim containing any false, incomplete or misleading information shall, upon conviction, be subject to imprisonment for up to seven years and the payment of a fine of up to \$15,000.

Applicable in Rhode Island

Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

Applicable in West Virginia

Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

Applicable in All Other States

Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.