



Attending Physician Supplementary Statement

Underwritten by: AIG Insurance Company of Canada
120 Bremner Boulevard, Suite 2200 • Toronto, Ontario M5J 0A8
Phone: 1-800-461-8347 • Fax: 1-855-558-0014

**PLEASE COMPLETE
THIS FORM IN FULL
FOR PROMPT SERVICE**

Please Print Clearly

Name of Patient: _____ Age: _____

Name of Insured Organization: _____ Policy Number _____

Dear Doctor, the above named individual has filed a claim for benefits under the above noted policy for which he/she is currently or has been under your care. In order that we might give this claim proper attention, would you kindly answer the following questions at your earliest convenience and forward completed form to us. **PLEASE NOTE: The Company does not assume any expense incidental to the completion of this form.**

1) Nature of sickness or injury (Describe complications, if any)



2) Is your patient still under your care for this condition? Yes NO Give date of discharge _____ 20____

3) Are there any other medical factors prolonging or contributing to this disability? Yes, Please describe below; NO

4. A) How long was or will patient be continuously Totally Disabled (Unable to Perform his/her Regular Occupation) due to diagnosis in #1 Section?

From _____ 20____ thru _____ 20____

Note: Do not complete if Patient is Totally Disabled

B) How long was or will patient be continuously Partially Disabled (Unable to Perform some but not all of his/her Regular Occupation)

From _____ 20____ thru _____ 20____

D) Approximate Date of Patient's Return to work: Date: _____ 20____

5) Give dates of Treatment:

6) Please list any specialist your patient has seen as a result of this condition.

Name _____ Specialty _____ Date: _____ 20____

Name _____ Specialty _____ Date: _____ 20____

7) Give date of next visit/treatment: Date: _____ 20____

8) Additional Physician Remarks:



Please Print Attending Physician's Name _____ Degree _____ Date: _____

Signature of Attending Physician _____ Phone #: (____) _____ Fax #: (____) _____

Address: _____ Province _____ Postal Code _____