

SHORT TERM DISABILITY BENEFITS EXTENSION**INSTRUCTIONS FOR COMPLETING THIS DISABILITY CLAIM FORM**

**THIS FORM IS FOR SHORT-TERM DISABILITY BENEFITS ONLY.
TO AVOID DELAY OR RETURN, PLEASE FOLLOW THESE INSTRUCTIONS.**

- To the Employee: A. Take this claim form to the Attending Physician treating you for your disability claim.
B. Have the Attending Physician complete and sign the Attending Physician section.
C. Return the fully completed form to BenefitSourceInc. at the above address or fax number.
D. Please print your name and provide your social security number in the line below.

Employee's Name (please print): _____ Social Security: _____

TO BE COMPLETED BY THE ATTENDING PHYSICIAN

Diagnosis and concurrent conditions, including ICD-9 or DSM-III code.

List objective finding(s) to support the above Diagnosis.

Treatment plan for the above Diagnosis (including Physical Therapy, Medications, and Surgery)

Is the condition due to injury or illness caused by the patient's employment? Yes No

Date symptoms first appeared or accident happened.

Date patient first consulted you for this condition.

Dates of services – include all prior treatment dates and date of next appointment

Has the patient ever had same or similar condition? Yes No If "yes" when and describe.

Patient still under your care for this condition?

Yes No

Has the patient been hospital confined? Yes No If "yes" confined from: _____ thru: _____

Name and Address of hospital: _____

Nature of Surgical procedure, if any: _____

Inpatient Outpatient Date performed: _____

Patient was continuously totally disabled – (unable to work).

If still disabled, date patient should be able to return to work.

From: _____ Thru: _____

Can the patient return employment with restrictions? Yes No

If "Yes" list the restrictions and the length they are in effect.

From: _____

Thru: _____

Date

Physician's Name (please print)

Signature

Degree

Tax Identification Number

Telephone Number

Street Address

City or Town

State or Province

Zip/Postal Code