

**SUPPLEMENTAL PHYSICIAN'S STATEMENT TO BE COMPLETED BY TREATING PHYSICIAN**

Patient's Name \_\_\_\_\_ Policy Number: \_\_\_\_\_

**Cancer Claims:**

1. When was **any** type of cancer first diagnosed? \_\_\_\_\_ Diagnosis code(s): \_\_\_\_\_

2. When did you first consult the most recent condition? \_\_\_\_\_

3. Is this a recurrence of a previous cancer?  YES  NO If YES, give date of recurrence: \_\_\_\_\_

List date of last known cancer treatment: \_\_\_\_\_ Type of treatment: \_\_\_\_\_

4. List name of referring physician: \_\_\_\_\_ Phone number: \_\_\_\_\_

5. Was patient hospitalized solely due to this condition?  YES  NO

If YES, list name & address of facility: \_\_\_\_\_

Date admitted: \_\_\_\_\_ Date discharged: \_\_\_\_\_

6. If outpatient, list dates of service: \_\_\_\_\_

7. What services were rendered during the period listed above?

biopsy  surgery  chemotherapy  radiation  hospice  skilled nursing

8. Please provide any applicable surgery CPT procedure code(s): \_\_\_\_\_

9. Has the patient ever been diagnosed with AIDS/ARC?  YES  NO If YES, when? \_\_\_\_\_

**Intensive Care Claims:**

1. Has the patient **ever** been diagnosed with or treated for a heart attack, heart disease or stroke?  YES  NO

If YES, date of first diagnosis: \_\_\_\_\_ If YES, date of first treatment: \_\_\_\_\_

2. List reason for hospitalization: \_\_\_\_\_

3. Was the patient ever diagnosed with the above condition prior to this admission?  YES  NO

If YES, when? \_\_\_\_\_

4. Was patient hospitalized solely due to this condition?  YES  NO

If YES, list name & address of facility: \_\_\_\_\_

Date admitted: \_\_\_\_\_ Date discharged: \_\_\_\_\_

5. List specific dates of intensive care confinement: \_\_\_\_\_

6. Has the patient ever been diagnosed with AIDS/ARC?  YES  NO If YES, when? \_\_\_\_\_

**Physician's Information:**

Physician's Name: \_\_\_\_\_

Specialty: \_\_\_\_\_

Address and phone number: \_\_\_\_\_

Completed by (please print): \_\_\_\_\_ Position/Title: \_\_\_\_\_

**Physician's Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_