



MediCard
Provided by Doctors

CLR – FO – 011
Rev. 00
22 FEB 2018

**ATTENDING PHYSICIAN'S STATEMENT FORM
(FOR DEATH CLAIM)**

(BEFORE ACCOMPLISHING THIS FORM, PLEASE READ INSTRUCTIONS AT THE BACK OF THIS SHEET)

This is in proof of my medical attendance to _____ to be submitted to MediCard Phils Inc. (herein called as the Corporation) at the instance of the claimants under MPI Account no. _____.

I, _____, with address at _____,
(Name of Physician)

hereby truthfully and voluntarily state as follows:

1. (a) Full name of the deceased _____	(c) From physical findings and appearances, what would you judge to be the age of the deceased? _____		
(b) Residence at the time of death _____	(d) What identifying marks have you noticed in the body of the deceased? _____		
2. (a) Do you know the deceased personally? _____	(e) What were the deceased's complaints in your first attendance? _____		
(b) How long have you known the deceased? _____	(f) Who accompanied the deceased for treatment? _____		
(c) How many times did you attend to the deceased? _____	(g) Did you inform the deceased of your diagnosis? _____		
(d) When was your first attendance? _____			
3. (a) Did you attend to the deceased during last illness? _____	(e) What were the first indications of failing health? _____		
(b) If so, for what disease? _____	(f) Give date and hour, if possible, when the deceased first noticed failing health. _____		
(c) What disease was the immediate cause of death? _____	(g) For how long before death was the deceased confined to the house or prevented from attending to business? _____		
(d) How long did the deceased suffer from this disease? (Give details) _____	(h) For how long was the deceased bed ridden? _____		
4. (a) From what other disease, if any did the deceased suffer? _____			
(b) Give as nearly as you can the duration of each. _____			
(c) Give below the details of each condition for which you treated or advised the deceased prior to last illness.			
Disease / Illness	Date	Duration	Result
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
(d) Give names and addresses of all other physicians and practitioners who, to your knowledge, attended to the deceased during the past three years.			
Name	Address	Disease/Impairment & Date	
_____	_____	_____	
_____	_____	_____	
5. (a) Did you personally see the remains of the deceased? _____			
(b) Date & Place of Death _____			
(c) Was there an autopsy or other past post-mortem examination made on the body of the deceased? _____			
6. Would you swear to the truth of the foregoing?			

Dated at _____ this _____ day of _____, _____.

PRINTED NAME & SIGNATURE OF WITNESS

SIGNATURE OVER PRINTED NAME OF ATTENDING
PHYSICIAN

Address of Witness

Licensed Number

On this _____ day of _____, 20 ____ personally appeared before me the above named _____ known to me as a physician in regular standing, who being duly sworn by me, disposed that the answers to the above questions are full and true to the best of his knowledge, information and belief, and subscribed the same in my presence. Affiant exhibited to me his Residence Certificate No. A _____ Issued at _____ on _____, 20_____.

NOTARY PUBLIC

By Commission expires December 31,20_____

THIS STATEMENT SHOULD BE SWORN TO BEFORE A NOTARY PUBLIC OR OTHER OFFICER DULY AUTHORIZED TO ADMINISTER OATHS AND HIS OFFICIAL SEAL ATTACHED, OR IF HE HAS NO SEAL, HIS AUTHORITY AND THE GENUINENESS OF HIS SIGNATURE MUST BE ATTESTED BY A JUSTICE OF THE PEACE OR BY THE CLERK OF A COURT OF RECORD.

INSTRUCTIONS : ALL ANSWERS MUST BE ENTIRELY IN THE PHYSICIAN'S OWN HANDWRITING

The claimant is responsible for the submission of this Attending Physician's Statement which should be accomplished by every physician who attended to the deceased during or before last illness.

If more than one physician attended to the deceased, each physician must accomplished the Attending Physician's Form, which will be furnished by the Corporation upon claimant's request.

The physician who fills this form will facilitate the settlement of the claim by giving answers to pertinent questions, full statement of each pathological process, especially as to its duration and result. Indefinite terms are to be avoided unless full details are added.

If there was an autopsy made on the body of the deceased, a certified copy of the autopsy report should be secured by the claimant to be submitted along with this form.

Where the spaces provided for the answers are not enough, pertinent details may be given on, under **ADDITIONAL REMARKS**.

ADDITIONAL REMARKS

The Corporation will be obliged if the Physician will use this space to furnish any additional information not brought in the foregoing statement.