

## Doctor's Form

### Instructions for Authorized Representatives

This form is to be completed by a doctor in the event that a claimant cannot sign Claims Conference documentation. Please present this form to the claimant's doctor to complete. The doctor must have seen the claimant **within the past two months** in order for the Claims Conference to accept this form.

Once completed by the doctor, please submit this form, in the **original**, in addition to the other required documents, to the Claims Conference. Photocopies, faxes or emails will not be accepted.

### Instructions for Doctors

This form is to be completed in the event that your patient cannot sign Claims Conference documentation. You must have seen the patient **within the past two months**.

### Name of Doctor

License Number (IF APPLICABLE)

Telephone

Address

### Name of Patient

Date of Birth

Date of last visit

### Attestation:

I attest that, to my knowledge, the above listed patient is still alive today.

Furthermore, I hereby confirm that because of the patient's medical condition, he/she is:

bedridden and/or not transportable;

and/or

not capable of signing any official documentation

I hereby attest that the above information is true and accurate to the best of my knowledge, and I understand that any false statements or misrepresentations may subject me to prosecution under the applicable laws.

Doctor's Signature

Date / /

Doctor's Stamp