

Physician's Statement



Authorization For Release Of Medical Information – To Be Completed By Patient

In order to process a claim for benefits, I authorize any physician, hospital, or other Medical Provider to release to the Seven Corners Insurance Claims Administrator, or its representative, any information regarding my medical history, symptoms, treatment, examination results or diagnosis. A photocopy of this authorization shall be considered as effective and valid as the original. This authorization shall be considered valid for the duration of the claim, but not to exceed two and one-half years from the date signed. I understand I have a right to receive a copy of this authorization.

1 Date MM/DD/YYYY

2 Signature (Signature of Person Suffering Illness or Injury or legally authorized representative)

Physician's Statement – To Be Completed By Physician Only

3 Name of doctor		4 Office phone number		5 Office fax number	
6 Office mailing address		7 City	8 State	9 Zip code	
10 Name of patient		11 Date of birth MM/DD/YYYY			
12 Diagnosis that resulted in cancellation/interruption of trip					
13 Date symptoms first appeared or accident occurred MM/DD/YYYY			14 Treatment Dates MM/DD/YYYY Start: _____ End: _____		
15 Was patient treated by anyone else? <input type="checkbox"/> Yes <input type="checkbox"/> No			15a If YES, by whom?		15b If YES, when? MM/DD/YYYY
16 Was patient prohibited to travel due to this illness/injury? <input type="checkbox"/> Yes <input type="checkbox"/> No			16b If YES, include dates patient was disabled from travel MM/DD/YYYY From: _____ To: _____		
17 Date completed MM/DD/YYYY			18 Physician's signature		

Send this signed form and any accompanying documents to Seven Corners within 90 days from the date of service using any of the following methods:

<p>MAIL Seven Corners, Inc. Attn: Claims 303 Congressional Boulevard Carmel, IN 46032 USA (Allow mail 7-10 days for delivery.)</p>	<p>UPLOAD Login to My Account and upload your documents www.sevencorners.com/myaccount#/login</p>	<p>FAX 317-575-2256</p>	<p>EMAIL claims@sevencorners.com Email attachments can not be larger than 10 MB.</p>
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Call for help: 800-335-0477 (toll free) or 317-575-2656 (worldwide) or 317-818-2809 (collect)