



## ATTENDING PHYSICIAN'S STATEMENT

PATIENT'S NAME		AGE	
DIAGNOSIS AND CONCURRENT CONDITIONS			
IS CONDITION DUE TO INJURY OR SICKNESS ARISING OUT OF PATIENT'S EMPLOYMENT? YES <input type="checkbox"/> NO <input type="checkbox"/>			
COMPLETE REPORT OF SERVICES OR ATTACH AN ITEMIZED BILL IF A PREVIOUS FORM HAS BEEN SUBMITTED, YOU NEED SHOW ONLY DATES AND SERVICES SINCE LAST REPORT			
DATE OF SERVICES	DESCRIPTION OF SERVICES RENDERED	PROCEDURES CODE	CHARGES
TOTAL CHARGES			\$
AMOUNT PAID			\$
BALANCE DUE			\$
<b>THIS AREA MUST BE COMPLETED BY THE ATTENDING PHYSICIAN IF APPLYING FOR WEEKLY DISABILITY BENEFITS</b>			
DATE SYMPTOMS FIRST APPEARED OR ACCIDENT HAPPENED		DATE PATIENT FIRST SEEN FOR THIS CONDITION	
PATIENT EVER HAD SAME OR SIMILAR CONDITION? YES <input type="checkbox"/> NO <input type="checkbox"/> IF "YES", WHEN AND DESCRIBE:		PATIENT STILL UNDER YOUR CARE FOR THIS CONDITION? YES <input type="checkbox"/> NO <input type="checkbox"/>	
PATIENT WAS CONTINUOUSLY TOTALLY DISABLED (UNABLE TO WORK) GIVE DATES FROM _____ THRU _____		LAST DAY WORKED	
IF STILL DISABLED, DATE PATIENT SHOULD BE ABLE TO RETURN TO WORK		DATE EMPLOYEE RETURNED TO WORK	
DOES PATIENT HAVE OTHER HEALTH COVERAGE? YES <input type="checkbox"/> NO <input type="checkbox"/> IF "YES", PLEASE IDENTIFY			
DATE	PHYSICIAN'S NAME (PRINT) SIGNATURE	DEGREE	TELEPHONE
STREET ADDRESS		CITY - STATE - ZIP CODE	
		INDIVIDUAL PRACTITIONERS TIN OR SS#	

### PROCEDURE FOR FILING A CLAIM

1. Complete all applicable sections of the "Employee Statement." Failure to properly complete the "Employee Statement" may result in a delay in processing your claim.
2. Attach an itemized bill or prescription receipts for all charges related to this claim. **If claim is for disability, a doctor MUST complete the "Attending Physician's Statement" shown above.**
3. Complete a separate form for each patient.
4. Mail completed form and itemized bills to:
 

NW Plumbers and Pipefitters Health Fund  
 P.O. Box 34203  
 Seattle, WA 98124-1203
5. For electronic claims submission:
 

Group F31 WebMD ID 91136

To ensure prompt payment submit only itemized bills. An itemized bill is the actual bill from the provider showing: a) date of service; b) diagnosis; c) procedure done and d) cost of each procedure. A "balance due" or non-itemized bill is NOT acceptable.

If you have other Group Insurance or Medicare as your primary coverage you need to submit the itemized bill AND a copy of the matching Medicare or other insurance payment explanation.