



Prudential

Group Disability Insurance
Maine Automobile Dealers Insurance Trust
P.O. Box 2667
Augusta, Maine 04338-2667
Tel: 207 623-3882 Fax: 207 623-2318

Attending Physician Statement

1 Employee Information

Employer's Name, Control Number (required), Employee First Name, MI, Last Name, Claim Number, Social Security Number, Date of Birth (MM DD YYYY), Gender (Female/Male)

The Employee is responsible for the completion of this form without expense to Prudential.

2 To Be Completed by Attending Physician

Date first unable to work, Date is required (MM DD YYYY), Did you advise your patient to stop working?, Check all that apply to this disability: Maternity, Sickness, Accident, Work related, Motor Vehicle Accident, ICD-9 Code is Required, Diagnosis Description, Was Claimant hospital confined?, Current Medications, Treatment, and Prognosis, Relevant tests and surgical procedure (s) performed, Date of Surgical Procedure, First Visit, Last Visit, Next Visit, Date released to return to work, Full-Time, Part-Time, With Limitations

3 Physician Information

First Name, MI, Last Name, Primary Telephone Number, Fax Number, Specialty

4 Fraud Notice

Any person who knowingly files a statement of claim containing any false or misleading information is subject to criminal and civil penalties. This includes Employer and Attending Physician portions of the claim form. (Please see state specific fraud warnings attached.) Physician Signature X, Date (MM DD YYYY)

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