

Slovene
National
Benefit
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Medical Report

ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR OTHER PERSON FILES AN APPLICATION FOR INSURANCE OR STATEMENT OF CLAIM CONTAINING ANY MATERIALLY FALSE INFORMATION OR CONCEALS FOR THE PURPOSE OF MISLEADING, INFORMATION CONCERNING ANY FACT MATERIAL THERETO COMMITS A FRAUDULENT INSURANCE ACT, WHICH IS A CRIME AND SUBJECTS SUCH PERSON TO CRIMINAL AND CIVIL PENALTIES.

Name _____ Lodge # _____
 Male Female Date of Birth _____ Policy # _____
Address _____ aaaaaa _____
Diagnosis _____
ICD 9 _____
Dates of Illness from _____ to _____ Hospitalized from _____ to _____
Signature of Insured _____

The undersigned physician certifies under penalties of perjury, that the statements contained on this form are true and correct.

Doctor's Signature _____ Date _____
Printed Name of Doctor _____ Phone # _____
Doctor's Address _____

Office Use Only

From _____ To _____ Class _____ Amount _____