



Report on Loss of Limb(s)

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# _____

Address _____ Policy# _____

City _____ State _____ Zip _____

Signature of Insured _____

Office Use Only

Approved _____

Disapproved _____

Deferred _____

Report on Loss of Limb(s)

1. Name and Address of claimant _____

2. Date of injury, disease or paralysis _____
3. Cause of injury or paralysis _____
4. Nature of injury (physical examination in detail – X-ray findings) _____

5. Previous history _____

6. First services rendered by Dr. _____ Date _____
7. Treated at home _____ Hospital _____ Office _____ Date _____
8. Is the illness acute or chronic? _____ Tubercular? _____ Venereal? _____ Incurable? _____
9. If back is broken, is spine or spinal vertebrae fractured, and/or spinal cord injured and limbs paralyzed? _____
If so, state which limb _____
10. What other sickness or injury has contributed toward present condition? _____

11. Was claimant at the time of injury under the influence of alcohol? _____
12. To what extent can the injured limb be used? _____
13. Is loss of limb total and permanent? _____
14. If loss of limb is not total and permanent, state percentage of loss _____
15. Is condition likely to be permanent? _____
16. Approximate loss of working capacity for any work (state percentage) _____
17. Is there any possibility for improvement? _____
18. If amputation performed, state which limb was amputated and where (i.e., above knee, below knee, etc.) _____

19. Date of amputation _____
20. Additional facts and remarks, if any _____

Date of examination _____

I hereby certify that my answers to the foregoing questions are correct and true to the best of my knowledge and belief without any evasion or reservations.

Signature of Doctor

Address

Phone