

Slovene  
National  
Benefit  
Society



247 West Allegheny Road  
Imperial PA 15126-9774  
Phone: 724-695-1100  
800-843-7675 (THE SNPJ)  
Fax: 724-695-1555  
e-mail: [snpj@snpj.com](mailto:snpj@snpj.com)  
web site: [www.snpj.org](http://www.snpj.org)

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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 \_\_\_\_\_

Diagnosis \_\_\_\_\_

ICD 10 \_\_\_\_\_

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 \_\_\_\_\_

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### Office Use Only

From \_\_\_\_\_ To \_\_\_\_\_ Class \_\_\_\_\_ Amount \_\_\_\_\_