

PART C**MEDICAL OR PSYCHOLOGICAL CERTIFICATE**

1. Patient's name:			2. Medical record number:		
3. Disability related to:	YES	NO	4. Diagnosis (Medical data that, to your knowledge, disables the patient). USE MEDICAL DIAGNOSTIC CODE . Specify the complications, if the incapacity is by pregnancy.		
The Job	<input type="checkbox"/>	<input type="checkbox"/>			
An automobile accident	<input type="checkbox"/>	<input type="checkbox"/>			
5. Treatment period (month-day-year) From _____ To _____					
6. Disability period (month-day-year) From _____ To _____					
7. In case of pregnancy or abortion it indicates (month-day-year) Probably delivery date: _____ Delivery date: _____ Abortion date: _____			9. Date of the dismemberment or the loss of total and permanent sight (month-day-year)		
8. The patient one was hospitalized by 24 hours or more: <input type="checkbox"/> YES <input type="checkbox"/> NO From _____ To _____ (month-day-year) (month-day-year)			10. If the dismemberment or the loss of the total and permanent sight, and if is due to an accident, indicate the date (month-day-year)		
			11. The loss sight is total and permanent? <input type="checkbox"/> YES <input type="checkbox"/> NO		

CERTIFICATION

I certify that the above information is correct, and that I am a physician, psychologist or chiropractor authorized to practice my profession, or medical guard of record. I know that the Act 139 of 1968, in Section 11 (a), provides severe penalties-such as fine, jail or both pains, to discretion of Court-by offering deception relative to a disability benefits claims.

Physician's Signature:

Date (month-day-year):

Physician's Name (Print):

License number:

Local Address:

Phone:

Fax:

E-mail:

B E N E F I T S**BY INCAPACITY**

The Disability Benefits Act provides the payment of benefits by diseases or injuries that are not related to the work or to automobile accidents. The payments can fluctuate between \$12 and \$113 weekly, and extend up to 26 weeks. The disabled worker must file for these benefits during the three (3) following months at the beginning of the incapacity. If he (she) files later, indicate the reason of the delay.

BY DISMEMBERMENT

Dismemberment or total losses and permanent of the sight as a result of some compensable incapacity by this Act, the affected worker could receive between \$2,000 and \$4,000 of compensation. He (she) must claim these benefits not later than six (6) months since dismemberment or the loss of the sight occurred.

BY DEATH (FOR DEPENDENTS)

A death benefit of \$4,000 prorated between the direct dependents of an assured worker deceased due to a compensable condition by this Act, if the death happens in the beginning in the following year of the incapacity. The dependents could also receive the benefits owed to the worker. They should file for these benefits not later than six (6) months after the worker death.

OFFICIAL USE ONLY

Application registered by		Application reviewed by		Application reviewed by	
Date		Date		Date	