Instructions

The Attending Physician Report is completed by your doctor. It is used to describe your medical care and how those services are related to your injury. You will need to print this form, fill out the current date, your name, the date of the accident and your claim number, and give the form to your doctor. Your doctor will need to complete the form and return it to GEICO.

(Form Below)

GOVERNMENT EMPLOYEES INSURANCE COMPANIES
ATTENDING PHYSICIAN'S REPORT

Date	Our Policyholder	Date of Accident	Claim No.

To assist us in determining what may be due the Applicant, the Attending Physician should complete this report and return it directly to:

GOVERNMENT EMPLOYEES INSURANCE COMPANIES
CLAIMS DEPARTMENT
ONE GEICO CENTER
MACON, GA 31296

1. Patient's Name and Address:

2. Age: 3. Sex: 4. Occupation:

5. History of occurrence, as described by Patient:

6. Diagnosis and Concurrent Conditions:

7. Date symptoms first appeared: 8. Date when Patient first consulted you for this condition:

9. Has Patient ever had same or similar condition? ☐ YES ☐ NO If yes, state when and describe:

10. Is condition solely a result of this accident? ☐ YES ☐ NO If no, explain:

11. Is condition due to injury or sickness arising out of Patient's employment? ☐ YES ☐ NO If yes, explain:

12. Will injury result in permanent disfigurement or disability? ☐ YES ☐ NO If yes, describe:

13. Was Patient hospitalized as a result of this injury? ☐ YES ☐ NO If yes, where:

14. Was Patient unable to work? ☐ YES ☐ NO
If yes, FROM: THROUGH:

15. If still disabled, date Patient should be able to return to work:

16. Report of Services:

Date of Service	Place of Service	Description of Surgical or Medical Service	Charges
			$
			$
			$
		TOTAL CHARGES TO DATE	**$**

17. Is this Patient still under your care for this condition?
☐ YES ☐ NO

Estimated Future Charges: $

18. Is any part of your bill covered by MEDICARE or MEDICAID? ☐ YES ☐ NO

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Date Physician's Name (print) Physician's Signature IRS/TIN Identification No.

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Number Street City or Town State Zip Code