



This form must be fully completed and returned within 90 days of the loss

CLAIMANT'S STATEMENT

PLEASE PRINT

Certificate of Physical Therapist

Claim N°: _____

I hereby certify that (Mr., Mrs., Ms., Miss) _____

residing at _____ Date of Birth _____

received treatments of physical therapy due to (diagnosis) _____

Dates of treatments:

Grid for entering dates of treatments with multiple rows and columns.

Notes:

Horizontal lines for entering notes.

Date: _____ Signature of Physical Therapist _____

Full name, address and telephone number of physical therapist:

Horizontal lines for entering therapist information.

Protecting your Personal Information At Combined Insurance, we recognize and respect the importance of privacy. Personal information that we collect, store, and disclose is used for the purposes of investigating, assessing and administering your claim(s). For a copy of our Privacy brochure, or if you have any questions about our personal information policies and practices (including with respect to service providers), write to our Chief Privacy Officer or refer to www.combined.ca.

Authorization and Declaration I have read, understand and agree with the contents of the section entitled "Protecting your Personal Information" on this form. I authorize Combined Insurance, any healthcare provider, any insurance or reinsurance company, administrators of government benefits or other benefits programs, or any person having knowledge of me or my health, other organizations or service providers working with Combined Insurance, located within or outside Canada, to exchange personal information when relevant for the purposes of investigating, assessing and administering my claim(s). This authorization shall remain valid for the duration of my claim(s) for benefits or until otherwise revoked by me in writing. I declare that the information provided is true, accurate and complete to the best of my knowledge.

Signature of insured

Date (MM/DD/YYYY)

IMPORTANT: Review this form. Is it complete? A form not fully completed may delay settlement of your claim. Also retain a copy of your completed form.