

**MICHIGAN MOTOR VEHICLE NO-FAULT INSURANCE LAW
ATTENDING PHYSICIAN'S REPORT**

Date	Our Policyholder	Accident Date	File Number
------	------------------	---------------	-------------

To assist us in determining benefits due under the Michigan Motor Vehicle No Fault Law, the attending physician must complete this report. You are required to provide this information in accordance with the Michigan Motor Vehicle No Fault Law, P.A. 294 of the Public Acts of 1972.

Patient's Name	
Street, City, State, Zip Code	
Age	Occupation/Job Description
History of Occurrence and Injury as Described by Patient <i>MVA OF / /</i>	
Diagnosis and Concurrent Conditions	
When did symptoms first appear?	When did patient first consult you for this condition?
Have you treated patient before this date? If yes, when?	
Has patient ever had same or similar condition? If yes, state when and describe	
Patient was unable to work:	If still disabled, patient should be able to return to work on:
From: Through:	Date:
If patient was hospitalized, name of hospital	Period of Hospitalization
	From: To:
Is patient still under your care for this condition? If yes, indicate projected duration and frequency of treatment:	

*****REPORT OF SERVICES*****

Attach itemized bills for this accident only, and include amounts paid or payable by other sources. Attach verification of payment or rejection.

IRS/TIN Identification Number

Physician's Name (Please Print)

Address

Physician's Signature

City, State, Zip Code