



ACE INA Insurance
 ACE INA Life Insurance
 1400 – 25 York Street
 Toronto, Ontario M5J 2V5
 Telephone: 416-594-2627 1-877-772-7797

**CRITICAL ILLNESS
 ATTENDING PHYSICIANS STATEMENT**

PATIENT INFORMATION – PLEASE NOTE THAT THE CLAIMANT IS RESPONSIBLE FOR ANY FEE CHARGED FOR THIS INFORMATION

PLEASE COMPLETE ALL DATES IN MONTH/DAY/YEAR FORMAT

IN ORDER TO FACILITATE THE ASSESSMENT OF THIS CLAIM, PLEASE ATTACH ALL HOSPITAL RECORDS, TEST RESULTS, CONSULT NOTES AND SPECIALIST REPORTS APPLICABLE TO THIS CONDITION.

First name of patient	Last Name of patient	Date of Birth
Diagnosis		
How long has the insured been your patient?		
Date symptoms first appeared	Exact date of diagnosis	
Has the patient ever had the same or similar condition? <input type="checkbox"/> Yes <input type="checkbox"/> No		
If Yes, state when, if applicable, the duration and describe:		
Are there any predisposing risk factors related to the insured's diagnosis? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Please describe:		
Has the patient undergone surgery/operation/procedure? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Please provide details:		
Have you attached all hospital records, test results, consult notes and specialist reports applicable to this condition? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Has the patient been hospitalized? <input type="checkbox"/> Yes <input type="checkbox"/> No	Length of stay	From: To:
Name of Hospital		

Physician's name (please print)	Specialty
Physician's signature	
Address	City
Province	Postal Code
Phone # ()	Fax # ()
Email Address	