Trustmark
benefits beyond benefits

Pregnancy Disability Claim

For Claims Customer Service: ☎ **Phone:** (877) 201-9373 x45708
For Claims Submission: 🖷 **Fax:** (508) 853-2757 ✉ **Email:** DICIClaimsVB@trustmarkbenefits.com

Name of patient: _____ Date of Birth: _____

Attending Physician Statement *(To be completed by the physician)*

Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false informaiton, or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime, and shall also be subject to civil penalty not to exceed five thousand dollars and the stated value of the claim for each such violation.

Date of patient's last menstruation: _____ Date of 1st treatment for this pregnancy: _____

Please list any complications of pregnancy: _____

_____

Date you advised patient to stop working: _____

Has patient been hospital confined? Yes ❑ No ❑ If no, what is the estimated date of confinement: _____

If yes, what is the date of delivery: _____ and discharge date: _____

Delivery Type: Vaginal ❑ C-Section ❑ If C-Section: Elective ❑ Non-Elective ❑

Is patient able to do some work, but cannot work more than 50% of their regularly scheduled job? Yes ❑ No ❑

What period of time do these restrictions limit the patient? From: _____ To: _____

Describe work restrictions: _____

Physician's Name: (please print): _____

Specialty: _____

Address: _____

Phone: (____) _____ Fax: (____) _____

Signature: _____ Date Signed: _____

Please attach copies of all medical records relating to the claim condition including treatment notes & test results.

May we communicate with you using email? Yes ❑ No ❑ Email Address: _____

Email Communication: If you choose to communicate with us by email, you should be aware that outgoing email is not secure unless it is encrypted. We strongly encourage you to use encrypted email when sending sensitive and/or confidential information. By sending sensitive or confidential email messages that are not encrypted, you accept the risks of such lack of security and possible lack of confidentiality. If you elect to communicate from your workplace computer, you also should be aware that your employer and its agents have access to email communication between you and us.