

# Physician Statement Form

Return to: World Access  
PO Box 72031  
Richmond, VA 23255-2031  
Fax: 1-804-673-1469

This form is to be completed by the physician who advised you or your family member to cancel or interrupt your trip. To ensure a prompt response, please make sure every question is answered on this form.

## Patient Information

Patient's Name: \_\_\_\_\_ Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_

Patient's Address: \_\_\_\_\_

City, State, Zip Code: \_\_\_\_\_

## Physician Information

Physician who advised cancellation/interruption: \_\_\_\_\_

Physician's Address: \_\_\_\_\_

Physician's Phone #: (\_\_\_\_) \_\_\_\_\_ Fax #: \_\_\_\_\_

Specialty: \_\_\_\_\_

Are you the patient's primary care physician? \_\_\_\_\_ YES \_\_\_\_\_ NO

If no, who is? \_\_\_\_\_

If no, was the patient referred to you by the primary care physician? \_\_\_\_\_ YES \_\_\_\_\_ NO

## Patient's Diagnosis

Please indicate the primary diagnosis for which you advised cancellation/interruption of your patient's travel plans:

\_\_\_\_\_  
\_\_\_\_\_

ICD-9 Code \_\_\_\_\_ Date symptoms first appeared or accident occurred \_\_\_\_\_

Please list the dates of the patient's last 5 office visits and **circle the dates where you treated the patient for the same condition.**

\_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_

Did you advise cancellation/interruption of the trip? \_\_\_\_\_ YES \_\_\_\_\_ NO

Did you perform an actual examination when you gave this advice? \_\_\_\_\_ YES \_\_\_\_\_ NO

Was the patient Medically Stable/Able to Travel on the date the insurance was purchased? \_\_\_\_\_ YES \_\_\_\_\_ NO

**Insurance was purchased on :** \_\_\_\_/\_\_\_\_/\_\_\_\_

Date you advised cancellation \_\_\_\_/\_\_\_\_/\_\_\_\_

By my signature and stamp below, I hereby certify that the above is true and correct and that I performed an examination of the patient at the time I recommended cancellation/interruption of his/her travel plans.

Physician Signature: \_\_\_\_\_ Date Signed: \_\_\_\_/\_\_\_\_/\_\_\_\_