

# Fishermen's Fund

## PHYSICIAN'S REPORT

**Before the Alaska Commercial Fishermen's Fund may approve benefit payments, Alaska Regulation 8 AAC 55.020(a)(2) requires that the Fund receive a physician's report of treatment. Provider's bills will not be approved until a physician's report has been received.**

Record of Examination			
1. Patient's Name (Last, First, Middle Initial)	2. Date of Injury	3. Social Security Number	
4. Date of First Examination	5. Date(s) of Treatment From: _____ Through: _____		6. Date of Discharge from Treatment
7. Did injury require hospitalization? <input type="radio"/> Yes <input type="radio"/> No (if no, go to item #11)	8. Date of Admission	9. Date of Discharge	10. Additional Hospitalization Required? <input type="radio"/> Yes <input type="radio"/> No (if yes, describe in item #25)
11. What treatment did you provide? <b>Provide details or attach chart notes</b> _____ _____ _____			
12. What is your diagnosis? <b>Provide details or attach chart notes</b> _____ _____ _____			
13. Do you believe the condition found was caused or aggravated by commercial fishing activity? <input type="radio"/> Yes <input type="radio"/> No Please explain your answer: _____ _____ _____			
14. Is there any history or evidence of concurrent or pre-existing injury or disease or physical impairment? <input type="radio"/> Yes <input type="radio"/> No If yes, please describe: _____ _____ _____			
15. Remarks: _____ _____ _____			
Signature of Attending Physician			
16. Name of Physician	17. Facility Name	18. Tax ID Number	
19. Mailing Address		20. Phone Number	
21. City	State	Zip Code	
22. Signature of Physician			Date

**Warning: It is a crime to provide false information for the purpose of defrauding the Alaska Commercial Fishermen's Fund, or any other person. Penalties include fines and/or imprisonment. In addition, the Fund may deny all benefits if false information materially related to this claim was provided by the claimant.**