Reset

Standard Insurance Company
Benefits Department
PO Box 2800 Portland OR 97208 800.628.8600 Tel

AMA-sponsored Med Plus Advantage
Stay at Work/Return to Work Services
Provided by The Standard's Workplace Possibilities℠ Program

Dear Resident: Please complete this section.

Resident Name _____ Birth Date _____

Group **AMA-sponsored Med Plus Advantage**

Dear Provider: We are currently working with your patient to assist him/her/them by understanding their limitations and restrictions in order to provide the right accommodations that will allow him/her/them to successfully remain at work or return to work. ***Please include results of diagnostic testing and pertinent chart notes.***

1. Diagnosis (include the ICD code) _____

   Date of most recent visit _____ Frequency of visits _____

   Expected duration of impairment from this condition _____

2. Describe your patient's current symptoms: _____

3. What are your patient's limitations and restrictions? _____

4. Planned course of treatment (include expected duration): _____

Some states require us to inform you that any person who knowingly and with intent to injure, defraud or deceive an insurance company, or other person, files a statement containing false, or misleading information concerning any fact material hereto commits a fraudulent insurance act which is subject to civil and/or criminal penalties, depending upon the state. Such actions may be deemed a felony and substantial fines may be imposed.

Physician's Signature	Date
Physician's Name (please print)	Specialty

Address	City	State	ZIP
Phone No.	Fax No.		

Please submit via DocuSign or fax completed form to: 971.321.5727/855.207.6115

Print