1199SEIU Benefit Funds
Disability Department, 498 Seventh Avenue, 8th Floor, New York, NY 10018-0009 • www.1199SEIUFunds.org
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SUPPLEMENTAL MEDICAL INFORMATION
OBSTETRICS AND GYNECOLOGY

MEMBER'S FULL NAME (FIRST, LAST) MEMBER ID #

JOB TITLE EXPECTED OR ACTUAL DATE OF DELIVERY (SPECIFIC TYPE) (MM/DD/YYYY)

Needed is a description of the complications of pregnancy or puerperium that may prevent this patient from performing her work beyond the two weeks prior to delivery and the six weeks post-partum that are usually provided by this insurance plan.

COMPLICATION DATES OF ONSET (MM/DD/YYYY)

Stage of Pregnancy at Onset: ☐ 1st Trimester ☐ 2nd Trimester ☐ 3rd Trimester ☐ 4th Trimester ☐ Puerperium

Specific signs, symptoms and clinical findings: Please be specific, e.g., diastolic blood pressure, weight gain, spotting at expected date of missed menses of bleeding at other times, frequency and severity of hyperemesis, all relevant clinical examination or lab test results documenting complication, etc.

DURATION OF THESE SIGNS OR SYMPTOMS

SPECIFIC DIAGNOSES(ES) CODABLE TO ICD-10 AND PROCEDURES (CODABLE TO CPT)

DETAILS OF THERAPY OR MANAGEMENT FOR THESE COMPLICATIONS

WHEN WILL PATIENT BE PHYSICALLY ABLE TO RETURN TO WORK? (PLEASE GIVE AN OPINION)

DATES OF TREATMENT (MM/DD/YYYY)

PHYSICIAN'S NAME (TYPE OR PRINT) SIGNATURE

SOCIAL SECURITY # TIN # (TAX ID)

MEDICAL SPECIALTY PHONE NUMBER

ADDRESS CITY STATE ZIP CODE

DATE OF EXAMINATION (MM/DD/YYYY)