



ACE INA Insurance
ACE INA Life Insurance
 Please return to: J&D Benefits Inc.
 #228-8901 Woodbine Avenue, Markham, ON L3R 9Y4
 Tel: 905-477-7088 Toll Free 1-800-218-7018

PATIENT INFORMATION – PLEASE NOTE THAT THE CLAIMANT IS RESPONSIBLE FOR ANY FEE CHARGED FOR THIS INFORMATION

PLEASE COMPLETE ALL DATES IN MONTH/DAY/YEAR FORMAT

IN ORDER TO FACILITATE THE ASSESSMENT OF THIS CLAIM, PLEASE ATTACH ALL HOSPITAL RECORDS, TEST RESULTS, CONSULT NOTES AND SPECIALIST REPORTS APPLICABLE TO THIS CONDITION.

First name of patient		Last Name of patient		Date of Birth
Diagnosis				
How long has the insured been your patient?				
Date symptoms first appeared			Exact date of diagnosis	
Has the patient ever had the same or similar condition? <input type="checkbox"/> Yes <input type="checkbox"/> No				
If Yes, state when, if applicable, the duration and describe:				
Are there any predisposing risk factors related to the insured's diagnosis? <input type="checkbox"/> Yes <input type="checkbox"/> No				
Please describe:				
Has the patient undergone surgery/operation/procedure? <input type="checkbox"/> Yes <input type="checkbox"/> No				
Please provide details:				
Have you attached all hospital records, test results, consult notes and specialist reports applicable to this condition? <input type="checkbox"/> Yes <input type="checkbox"/> No				
Has the patient been hospitalized? <input type="checkbox"/> Yes <input type="checkbox"/> No			Length of stay	From: To:
Name of Hospital				

Physician's name (please print)		Specialty		
Physician's signature				
Address			City	
Province			Postal Code	
Phone # ()	Fax # ()		Email Address	