



NEISD CATASTROPHIC SICK LEAVE BANK PHYSICIAN'S STATEMENT

PLEASE TYPE OR PRINT ALL INFORMATION

Patient's Name _____ SSN# _____

Date patient first consulted you for this condition: _____

Has patient been seen within the last 6 months for this condition? Yes No

Give dates of treatment/visits: _____

Please list **ALL** diagnosis, procedures, complications, and comorbidities:

For condition for which patient is requesting Sick Leave Bank days please provide:

ICD-9 Codes: _____

CPT Codes: _____

Did patient have an **OUTPATIENT** procedure? Yes No

Does this illness require an INPATIENT hospital stay? Yes No No. of days: _____

Hospital Name: _____ Admit Date: _____ Discharge Date: _____

Date patient expected to return to work: _____

Name of Physician: _____ Physician Signature _____

Address _____ City _____ State _____ Zip _____

Telephone Number: _____ Date: _____

Signature of Employee _____

For the release of above medical information

RETURN THIS FORM TO THE NEISD EMPLOYEE BENEFITS OFFICE

Important information on next page

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Instructions for Physician Statement

1. The physician must document all diagnosis, procedures, complications, and comorbidities.
2. Information must be legible.
3. Form must be filled out in its entirety. Please type or print all information.
4. Forms may be faxed to 804-7236. However, the Employee Benefits Office will not finalize any applications until all ORIGINAL documents are received.
5. Forms can be mailed directly to:

North East ISD
Catastrophic Sick Leave Bank Executive Officer
8961 Tesoro Drive, Suite 209
San Antonio, TX 78217
6. If you have any questions regarding your application or status please contact Elizabeth Sanchez, Executive Officer for certified employees at 804-7231, ext. 350 or Lety Hernandez, Executive Officer for classified employees at 804-7231, ext. 349.