



NEISD CATASTROPHIC SICK LEAVE BANK PHYSICIAN'S STATEMENT

PLEASE TYPE OR PRINT ALL INFORMATION

Patient's Name: _____ DOB _____ / _____ / _____

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 the following:

ICD-10 Codes: _____

CPT Codes: _____

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

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

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

Date patient expected to return to work: _____

Name of Physician: _____ Telephone Number: _____

Address _____ City _____ State _____ Zip _____

Physician Signature: _____ Date of Physician's signature: _____

Signature of Employee: _____

(For the release of above medical information to North East ISD.)

***An itemized bill or statement documenting the patient's name, admit and discharge dates, and room and board charges must be submitted for inpatient confinement before a claim can be processed.**

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. Incomplete applications may be returned for further clarification and will delay the processing of possible Catastrophic Sick Leave Bank days.
4. CSLB Member's Statement, CSLB Physician's Statement, and any supporting documentation may be mailed, pony mailed, or faxed to the Employee Benefits office (fax 210-804-7014). Original forms are not required.
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 James McClung, Executive Officer for A – L employee last names at 210-407-0490 or Anita Flores, Executive Officer for M – Z employee last names at 210-407-0489.