

JAMES L. WELLHOUSE, M. D.  
1601 16TH STREET, N. W.  
WASHINGTON, D. C. 20009  
TELEPHONE: 232-6611

November 14, 1978

Robert Gruber, M. D.  
Chestnut Lodge  
300 West Montgomery Avenue  
Rockville, Maryland 20850

RE: Dr. Raphael Osheroff

Dear Doctor Gruber;

This is to summarize for you my contacts with the above-named individual whom I discussed with you today as a possible applicant for admission for inpatient treatment.

Doctor Osheroff is a forty year old physician who was first referred to me for outpatient therapy in February, 1977, because of increasingly painful symptoms of depression centering then around two main issues: 1) fears of losing his then 8 and 5 year old sons by a previous marriage because his ex-wife and her new husband were planning to move to Europe with the boys, and one of the sons, bearing the same name as Dr. Osheroff's father, had always seemed a special link with the father, who died when Dr. Osheroff was in late adolescence; and 2) fears that his renal dialysis business in northern Virginia was in danger of disintegrating in the face of territorial threats both within and without his own organization, and with a shaky financial picture at the time. Less prominently mentioned then, but of continuing importance, has been the growing tensions within his current, second, marriage, with a young physician now completing her medical sub-specialty training at the Washington Hospital Center, who had born a son just before Christmas, 1976, and who has felt <sup>both she and</sup> the baby have been grossly neglected by Dr. Osheroff. Mrs. Osheroff has been engaged during the past year in psychotherapy to hopefully better understand her contributions to these tensions.

Doctor Osheroff has been seeing me in three or four times a week psychotherapy since that time, and early on showed symptomatic improvement, apparently taking increasing charge of his difficult situations. He entered into negotiations to sell his dialysis business to a large national operation in order to consolidate his economic position. In September, 1977, immediately after a Yom Kippur visit to his sons in Europe, he concluded the sale of his business in a state of some degree of panic. Although he received a sizable financial settlement and retained a managerial role with a significant share of the profits, he has grieved unconsolably since that time in the face of what he sees as his self-castration. Suicide has been a nearly constant pre-occupation. There have been periods of hypomanic behavior, alternating with periods of great lethargy. He has been periodically dissatisfied with the course of our essentially analytically oriented psychotherapy, with occasional efforts to use anti-depressant medication. He consulted Dr. Nathan Kline in New York, and tried larger doses of Sinequan and also Lithium for a period of time, with some symptomatic relief, but the basic

EXHIBIT

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HCA 82-262

JAMES L. WELLHOUSE, M. D.

1801 18TH STREET, N. W.

WASHINGTON, D. C. 20009

TELEPHONE: 232-8611

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preoccupation with the idea that he is a ruined man continued unabated, and he eventually stopped taking the medications, on his own initiative. He calls his mother in New York two or three times daily, constantly expressing the same themes. He apparently cannot refrain from regaling his current professional associates also with expressions of his sense of hopelessness. He repeatedly attacks me for my non-directiveness which he feels encouraged the passivity in him leading to his destruction. Early in his therapy with me he had similarly attacked his previous therapist for his intrusiveness with both him and his ex-wife which he felt led to the dissolution of that marriage by encouraging acting out. Recent specific threats by his current wife that she will leave him soon if he does not gain control of his constant self-destructive preoccupation are a precipitating factor in his now seeking more intensive care in an inpatient setting. Concurrently his mother's therapist, and I, have been able to help her set some limits on his "dumping" on her. In essence, he has been increasingly blocked in his efforts to externalize his conflicts, and the necessity for working internally has become almost unbearable. It is on this basis that he now wishes to consider my suggestion that he enter into a more structured, safer, treatment program, which has also been strongly supported by his wife and his mother.

Doctor Osheroff is the only child of a doting, but very articulate and perceptive, Jewish mother and a rather cold and distant businessman father. He was always precocious, talented child--he is now an accomplished musician--but feels he has never lived up to his exalted expectations of himself, and that he has frequently snatched defeat from the jaws of victory. He has always been subject to temperamental outbursts. At times during the past year, he literally beats himself in the face, in therapy sessions, and in visits with his mother, and sometimes literally kicks the floor as a small child would in a tantrum. It is noteworthy, however, that he apparently can contain this behavior in his wife's presence. He apparently has been able to carry on his work with patients throughout this turmoil, although he is finding this increasingly burdensome. It should be noted that Dr. Osheroff is an extremely bright, quick, articulate individual with tremendous drive--as demonstrated by his building up a multimillion dollar dialysis empire out of practically nothing over a period of five years.

In summary, Dr. Osheroff is being referred for possible inpatient treatment for a chronic severe depressive state, associated with intense narcissistic injury, essentially intractable to outpatient treatment over the past year. If there are further questions, or other contributions I can make to your evaluation, I hope you will contact me.

Sincerely,

James L. Wellhouse, M. D.

January 5, 1979

Francis A. Board, M.D.  
916 19th St., NW  
Washington, DC 20006

Dear Dr. Board:

Dr. Raphael Osheroff has recently been admitted to our hospital for treatment of severe depression. He has informed us that you have treated him in the past for psychiatric illness, and we would appreciate very much your sending us a summary of the data you obtained, as well as your formulation, diagnosis, treatment and its results. Enclosed is a release of information signed by Dr. Osheroff.

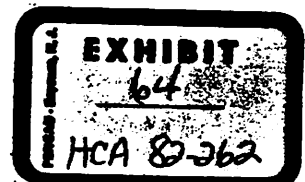
Thank you for your help in this matter.

Sincerely,

C. Wesley Dingman, M.D.

CWD:rsr

Encl.



760

Date 1/1/79

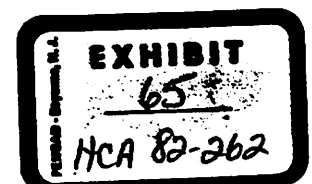
PERMISSION FOR RELEASE OF INFORMATION

I hereby give permission for the release of information to  
Chestnut Lodge in the case of RICHARD J. JENKINS  
by DR. FRANK R. JORD.

*Agnes P. Jenkins*  
(Signed)

Witness:

*Ch. Dwyer MD*



January 5, 1979

Nathan Kline, M.D.  
130 E. 77th St.  
New York, N.Y. 10021

Dear Dr. Kline:

Dr. Raphael Osheroff has recently been admitted to our hospital for treatment of severe depression. He has informed us that you have treated him in the past for psychiatric illness, and we would appreciate very much your sending us a summary of the data you obtained, as well as your formulation, diagnosis, treatment and its results. Enclosed is a release of information signed by Dr. Osheroff.

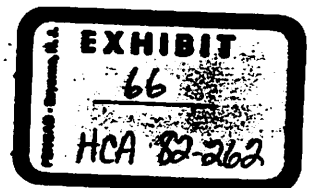
Thank you for your help in this matter.

Sincerely,

C. Wesley Dingman, M.D.

CWD:rrr

Encl.



Date

1/1/74

PERMISSION FOR RELEASE OF INFORMATION

I hereby give permission for the release of information to

Chartnut Lodge in the case of RAPHAEL OCHEROFF

by DR. NELSON KLINE

Raphael Ochertoff  
(Signed)

Witness:

Chas. D. ...



January 5, 1979

James L. Wellhouse, M.D.  
1601 16th St., NW  
Washington, DC 20009

Dear Dr. Wellhouse:

Dr. Raphael Osheroff has recently been admitted to our hospital for treatment of severe depression. He has informed us that you have treated him in the past for psychiatric illness, and we would appreciate very much your sending us a summary of the data you obtained, as well as your formulation, diagnosis, treatment and its results. Enclosed is a release of information signed by Dr. Osheroff.

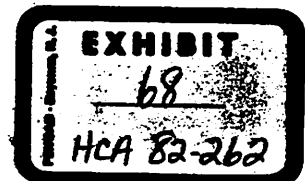
Thank you for your help in this matter.

Sincerely,

C. Wesley Dington, M.D.

CWD:rsr

Encl.



Date 1/4/78

PERMISSION FOR RELEASE OF INFORMATION

I hereby give permission for the release of information to  
Chestnut Lodge in the case of RACHEL OSHEROFF  
by Dr. JAMES WILLOWAY.

*Isabel Osheroff*  
(Signed)

Witness:

*Ed Dugan MD*

765

EXHIBIT

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HCA 82-262



NATHAN S. KLINE, M.D., F.A.C.P.  
AND COLLEAGUES  
ONE THIRTY EAST SEVENTY-SEVENTH STREET  
NEW YORK, NEW YORK 10021

January 17, 1979

C. Wesley Dingman, M.D.  
Chestnut Lodge  
500 W. Montgomery Avenue  
Rockville, Maryland 20850

Re: Dr. Raphael Osheroff

Dear Dr. Dingman:

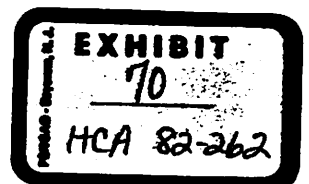
Dr. Raphael Osheroff attended this office July 24, 1978 with one to two years history of depression apparently precipitated by his children going to Europe and his selling his successful company. He was severely depressed and unable to function. He was treated with Sinequan increasing to 200 mgs. daily. He had slightly improved on August 9, and completely on August 23. However, he had some racing thoughts and extravagant ideas and Lithium was added.

He was last seen on September 20, and was well.

Sincerely,

*Nigel Bark*

Nigel Bark, M.D.  
NB/mc



JAMES L. WELLHOUSE, M. D.  
1601 18TH STREET, N. W.  
WASHINGTON, D. C. 20009  
TELEPHONE: 232-6611

January 10, 1979

C. Wesley Dingman, M. D.  
Chestnut Lodge  
500 West Montgomery Avenue  
Rockville, Maryland 20850

Dear Dr. Dingman:

In response to your recent request for information about Dr. Osheroff, I am enclosing a copy of the report which I prepared for submission to Dr. Gruber when hospitalization was first being explored. I am not sure that Dr. Osheroff ever actually submitted the original.

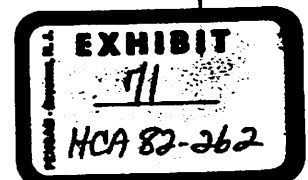
I hope that this summary will be helpful to you, but if there are further questions about our work together, please feel free to contact me.

I wish you, and Dr. Osheroff, well in your efforts. If I can ever be of any help, I will be glad to do whatever I can.

Sincerely,

*James L. Wellhouse*

James L. Wellhouse, M. D.



**MONARCH LIFE INSURANCE COMPANY**

LIFE, HEALTH AND ACCIDENT INSURANCE

Claims Office  
1250 State Street  
Springfield, Massachusetts 01133

**Progress Report**

Name Raphael J Osheroff Claim No. G78774 To be completed on 5/14/79 If you recover prior to this date, use this form as a final statement.

1. If you have been attended by any physician other than the one who will complete reverse side of this form give —  
Physician's Name C. W. Date of Treatment \_\_\_\_\_

Address \_\_\_\_\_

- |  |   |
|--|---|
| 2. Has there been any change in your condition?  | <u>NO</u>   |
| 3. Have you been continuously confined to your home since your last report?  | <u>I AM CURRENTLY HOSPITALIZED</u>                  |
| 4. When were you first able to leave your home?  | Date <u>for severe depression</u>                   |
| 5. On what date did you, or will you, be able to resume any work?  | Date <u>I am unable to resume</u>                   |
| 6. If policy provides partial disability, on what date did you, or will you, resume more than one-half of your work? | Date <u>disability because of severe depression</u> |

**HOSPITAL OR NURSE**

ITEMIZED BILLS MUST BE SUBMITTED IF POLICY PROVIDES HOSPITAL, NURSE, SURGICAL OR MEDICAL EXPENSE BENEFITS.

If you have been confined in a lawfully operating HOSPITAL, or under the FULL TIME care of a REGISTERED NURSE since your last report, please complete the following:

Name of Hospital Chestnut Lodge Hospital  
Address Rockville Maryland  
From 12/79 to present

Name of Nurse \_\_\_\_\_  
Address \_\_\_\_\_  
From \_\_\_\_\_ to \_\_\_\_\_

I HEREBY AUTHORIZE ANY LICENSED PHYSICIAN, MEDICAL PRACTITIONER, HOSPITAL CLINIC, OTHER MEDICAL FACILITY, INSURER OR ANY OTHER ORGANIZATION OR PERSON HAVING ANY KNOWLEDGE OF ME OR MY HEALTH TO GIVE SUCH INFORMATION TO MONARCH LIFE INSURANCE COMPANY A PHOTOGRAPH COPY OF THIS AUTHORIZATION IS AS VALID AS THE ORIGINAL.

POLICYOWNERS SIGNATURE Raphael Osheroff

ADDRESS \_\_\_\_\_

TELEPHONE NUMBER  
RESIDENCE \_\_\_\_\_ BUSINESS \_\_\_\_\_

DATE \_\_\_\_\_

BUSINESS \_\_\_\_\_

ADDRESS 5  
TEMPORARY  
PERMANENT

750

EXHIBIT

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HCA 80-262

# ATTENDING PHYSICIAN'S STATEMENT

Patient <u>Russell J. Osier, M.D.</u>	
Nature of sickness or injury.	Describe complications, if any. Depression. No complications.
Dates of treatment since last report.	<div>Charge per call</div> <div>Office ..... \$ .....</div> <div>Home ..... \$ .....</div> <div>Hospital Admitted <u>1/2/79</u> ..... \$ <u>149.00/day</u> .....</div>
Nature of surgical procedure.	Describe fully None
Charge for this procedure and date performed.	\$ ..... Date ..... 19 .....
Where performed?	<div>If in hospital</div> <div><input type="checkbox"/> Inpatient <input type="checkbox"/> Outpatient</div>
How long was, or will patient be continuously totally disabled, (unable to work)?	From <u>1/2/79</u> ..... 19 ..... Through ..... Unknown ..... 19 .....
If accident, how long was, or will patient be partially disabled? (Less than one-half of usual duties)	From ..... 19 ..... Through ..... 19 .....
If sickness, was patient confined to the house?	<div><input type="checkbox"/> Yes <input type="checkbox"/> No If 'yes' give dates - From ..... <u>1/2/79</u> ..... 19 .....</div> <div>Hospitalized Through ..... Unknown ..... 19 .....</div>

REMARKS:

Physician's Name (Print) C. Wesley Dingman, M.D. SOCIAL SECURITY OR EMPLOYER ID NUMBER 1027-24-9163

Date 4/23/79 Signed C. Wesley Dingman (Attending Physician)

Address (Street and Number) 500 W. Montgomery Ave. City and State Rockville, Md. Zip Code 20850

Thank You Very Much

Please return to MONARCH LIFE INSURANCE COMPANY

Address shown on the reverse side

THIS FORM APPROVED BY INTERNATIONAL CLAIM ASSOCIATION AND AMERICAN MEDICAL ASSOCIATION

(1270)



C.D:VAN

C. Wesley Lingman, M.D.  
Clinical Administrator

Sincerely,

Dr. Osheroff also felt his symptoms of depression, agitation and anxiety began in the fall of 1976, but, though these symptoms have fluctuated in intensity, they were never as severe as to result in significant disability with respect to his profession, until about two months prior to his admission here. There is also no history of any prior hospitalization or confinements as a result of psychiatric illness.

1. 1967 - 1969 Individual and couples therapy with Dr. Francis Board, Washington, D.C.
2. 1977 - 1978 Individual therapy with Dr. James Wellhouse, Washington, D.C.
3. 1978 Pharmacotherapy with Dr. Nathan Kline, New York, N.Y.

At the time of his admission to Chestnut Lodge (1/2/79), Dr. Raphael Osheroff gave the following information regarding the history of his symptoms and previous psychiatric treatment:

Dear Mr. Lavoie:

Re: Raphael Osheroff, M.D.

Mr. R. C. Lavoie  
Regional Claims Director  
Research Life Insurance Company  
1250 State Street  
Springfield, Mass. 01133

April 20, 1979

May 4, 1979

Mr. Frank Notaris  
747 Third Avenue  
New York, N. Y. 10017

Re: Dr. Raphael Osherooff

Dear Mr. Notaris:

Enclosed is the form requested. I trust it was to be returned to you rather than to Dottie Smith.

We have stopped all of Dr. Osherooff's telephone calls. I understand he has been calling you excessively. It does not seem in his best interest to permit this. It distracts him from doing the solid kind of therapeutic work here that will enable him to get over his problems and go on with his work in a constructive way. He still says that he is broke. I have been waiting to hear from you for some time now about a conference with him to outline his exact financial situation. It will be important that I be involved in this to hear the facts, too, in order to withstand his continual statements of being broke.

Sincerely yours,

(Mrs.) Elizabeth Pelacios, LCSW  
Psychiatric Social Worker

LP:van  
Encl.

EXHIBIT

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HCA 82-262

739

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EXHIBIT 11  
75  
HCA 82-262

Please refer to the following table for the physical characteristics of the various types of paper.

To be completed and returned by the claimant or the person to whom the benefit is payable		Date of last report <u>2/2/70</u>		Claim number <u>114244115</u>	
Name of claimant		Name of claimant		IRS See Sec. No.	
Address of claimant		Address of claimant			
Cause of disability		Cause of disability			
Total disability		Total disability			
Period of disability		Period of disability			
Dates of hospitalization		Dates of hospitalization			
Since last report		Since last report			
Name of hospital		Name of hospital			
Address of hospital		Address of hospital			
When did you expect to return to work		When did you expect to return to work			
Signature of foreign owner		Signature of foreign owner			
Address of foreign owner		Address of foreign owner			
Date		Date			

To be completed and returned to the Bureau of the Census, Washington, D.C. 20543

**CLAIMANT'S STATEMENT OF CONTINUING DISABILITY**

SECRET  
NUMBER

UNITED STATES DISTRICT COURT  
SOUTHERN DISTRICT OF NEW YORK  
IN RE: THE ASSOCIATION & CLUB, INC.  
FEDERAL BUREAU OF INVESTIGATION

# ATTENDING PHYSICIAN'S SUPPLEMENTARY STATEMENT ACCIDENT OR SICKNESS

Physician's Name: Raphael J. Osheroff

Nature of accident or injury, describe complications if any: Depression.

Describe any other disease or infirmity affecting present condition: (None)

Give dates of treatment: Office  
Home  
Hospital 1/2/79 to present

Is patient still under your care for this condition? X Yes No  
If discharged, give date:

How long was or will patient be continuously totally disabled - unable to work: from Jan. 2 19 79 through 19 Undetermined

If accident, how long was or will patient be partially disabled: from 19 through 19

If sickness, was patient confined to the house: Yes No  
If yes, give dates: from 19 through 19

Remarks

Signature of Attending Physician: *Raphael J. Osheroff* M.D. Degree: M.D. Telephone number: (301) 424-8300  
Address of Attending Physician: Chestnut Lodge 500 W. Montgomery Ave., Rockville, Md. 20850 SSN ID number: SSN 027-29-9163  
Date: 5/3/79



NOTICE: THE PAUL REVERE LIFE INSURANCE COMPANY Worcester, Massachusetts 01601  
INSTRUCTIONS: REPORTS SHOULD BE COMPLETED AND RETURNED AT APPROXIMATELY THE SAME DATE EACH MONTH

Having previously given Notice of Disability due to ☐ Accident ☒ Sickness beginning \_\_\_\_\_, 19\_\_\_\_

I hereby submit the following facts: I am ☒ Totally ☐ Partially disabled, and am receiving regular treatments from  
Dr. \_\_\_\_\_ of Sare Delphian Therapy Hospital  
Describe how time is occupied and outline what activities you engage in at present \_\_\_\_\_

Have you been at your place of business during your disability? Yes ☐ No ☒  
If yes, when? \_\_\_\_\_ for what purpose?

What duties are you now performing? none clear hospitalized

Are you receiving other disability or retirement benefits? Yes ☐ No ☐

If yes, Give sources and amounts 1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

Have you been hospital confined since your last Progress Report? Yes ☐ No ☐

If yes, where? Antonia Lodge Hospital, Located at \_\_\_\_\_  
from \_\_\_\_\_ 19\_\_\_\_ to \_\_\_\_\_ 19\_\_\_\_

I authorize any physician, hospital, insurer or other organization or person having any records, data or information concerning me to furnish such records, data or information as may be requested to The Paul Revere Life Insurance Company. A photocopy of this authorization shall be considered as effective and valid as the original.

Dated 5/17, 1979 Signed Raphael Osheroff

Address \_\_\_\_\_

(Street and Number)

(City)

(State)

(Zip Code)

THIS ADDRESS IS: ☐ Temp. ☐ Perm. Phone No. (Include Area Code) \_\_\_\_\_

### ATTENDING PHYSICIAN'S STATEMENT

Patient's name Raphael J. Osheroff, M.D.

Nature of sickness or injury.

(Describe complications if any) Depression - no complications

Give dates of treatment

Office \_\_\_\_\_

Hospital January 2, 1979 to present

How long was or will patient be continuously totally disabled (unable to work)?

From January 2, 1979 to unknown, 19\_\_\_\_

Partially disabled

From \_\_\_\_\_, 19\_\_\_\_ to \_\_\_\_\_, 19\_\_\_\_

What is the prognosis for your patient? Fair for eventual recovery.

Doctor's Name C. W. Dingman, M.D. Dated 5/17, 1979

(PLEASE PRINT OR TYPE)

Street 500 W. Montgomery Ave City Rockville State Maryland Zip Code 20850

Signed C. W. Dingman, M.D.

662 (Revised 8/77)

EXHIBIT

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HCA 82-262

752

LAW OFFICE  
MARTIN A. GANNON, P.C.  
611 K. WASHINGTON STREET  
P. O. BOX 1266  
ALEXANDRIA, VIRGINIA 22313  
(703) 836-2770

MARTIN A. GANNON  
RICHARD J. DWYER, III  
JAMES RAY COTTRELL  
MICHAEL ALAN WARD

May 8, 1979

Mrs. Palacios, Staff Supervisor  
Chestnut Lodge  
500 W. Montgomery Avenue  
Rockville, Maryland 20850

In re: Dr. Raphael Osheroff

Dear Mrs. Palacios:

This letter is a follow-up to our conversation on the phone yesterday afternoon, May 7, 1979, regarding my client, Dr. Raphael Osheroff.

I would very much like to meet with the Staff Administrative psychiatrist whom you referred to in our conversation on the phone on May 7th, 1979, just as soon as possible, as I firmly believe that it is imperative that I am allowed to speak with Dr. Osheroff regarding his legal problems with both his former wife, Mrs. Otto, and his present wife, Dr. Drass.

I would once again restate my position as Dr. Osheroff's attorney, that I do not want you or any member of the Staff at Chestnut Lodge to discuss Dr. Osheroff's condition or anything pertaining to his convalescence there at Chestnut Lodge with any other person or legal entity.

If you or the Staff Administrative psychiatrist could call me to arrange for a mutually convenient date to meet, I'll be more than happy to come to Chestnut Lodge regarding these most important matters.

Sincerely yours,

  
Martin A. Gannon

MAG/eb



657

May 9, 1979

Mr. Frank Notaris  
747 Third Avenue  
New York, New York 10017

Re: Dr. Raphael J. Gsheroff

Dear Mr. Notaris:

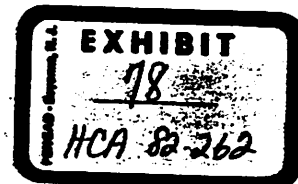
Enclosed find progress report.

From the dates of this and the last one, it looks as if these reports might be requested every two weeks. Is this possible? If so, is there any way to change this, at least to monthly? A report every two weeks for a long-term treatment process is, or seems to be, an inordinate amount of paper work.

Sincerely yours,

(Mrs.) Elizabeth Palacios, LCSW  
Psychiatric Social Worker

EP:van  
Encl.



**MONARCH LIFE INSURANCE COMPANY**

LIFE, HEALTH AND ACCIDENT INSURANCE

Claims Office

1250 State Street

Springfield, Massachusetts 01133

**Progress Report**

Name <b>Raphael J. Osheroff</b>	Claim No. <b>G76774</b>	To be completed on <b>5/29/79</b>	If you recover prior to this date, use this form as a final statement.
------------------------------------	----------------------------	--------------------------------------	--

1. If you have been attended by any physician other than the one who will complete reverse side of this form give —

Physician's Name \_\_\_\_\_ Date of Treatment \_\_\_\_\_

Address \_\_\_\_\_

2. Has there been any change in your condition?	<b>NO</b>
3. Have you been continuously confined to your home since your last report?	<b>Hospital - previously mentioned</b>
4. When were you first able to leave your home?	Date <b>disability -</b>
5. On what date did you, or will you, be able to resume any work?	Date <b>own business -</b>
6. If policy provides partial disability, on what date did you, or will you, resume more than one-half of your work?	Date <b>work - 5/1/79</b>

**HOSPITAL OR NURSE**

ITEMIZED BILLS MUST BE SUBMITTED IF POLICY PROVIDES HOSPITAL, NURSE, SURGICAL OR MEDICAL EXPENSE BENEFITS

If you have been confined in a lawfully operating HOSPITAL, or under the FULL TIME care of a REGISTERED NURSE since your last report, please complete the following:

Name of Hospital <b>Cherfoot Lodge Hospital</b>	Name of Nurse
Address <b>Rockville Rd.</b>	Address
From _____ to _____	From _____ to _____

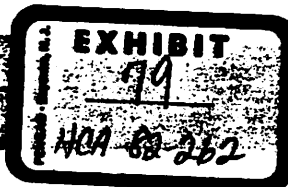
I HEREBY AUTHORIZE ANY LICENSED PHYSICIAN, MEDICAL PRACTITIONER, HOSPITAL CLINIC, OTHER MEDICAL FACILITY, INSURER OR ANY OTHER ORGANIZATION OR PERSON HAVING ANY KNOWLEDGE OF ME OR MY HEALTH TO GIVE SUCH INFORMATION TO MONARCH LIFE INSURANCE COMPANY & PHOTOGRAPHIC COPY OF THIS AUTHORIZATION IS AS VALID AS THE ORIGINAL

POLICYOWNER'S SIGNATURE **Raphael Osheroff** DATE \_\_\_\_\_

ADDRESS \_\_\_\_\_ TELEPHONE NUMBER \_\_\_\_\_ BUSINESS \_\_\_\_\_

1776 Springfield

745



# ATTENDING PHYSICIAN'S STATEMENT

Patient: <u>Raymond L. Dingman, M.D.</u>	
Nature of sickness or injury.	Describe complications, if any. Depression. No complications.
Dates of treatment: from <u>Jan. 2, 1979</u> to <u>Admitted 1/2/79</u>	Charge per call \$ <u>149.00/day</u>
Nature of surgical procedure	Describe fully
Charge for this procedure and date performed.	\$ ..... Date ..... 19 .....
Where performed?	<input type="checkbox"/> Inpatient <input type="checkbox"/> Outpatient
How long was, or will patient be continuously totally disabled, (unable to work)?	From <u>Jan. 2, 1979</u> Through <u>Unknown 19 .....</u>
If accident, how long was, or will patient be partially disabled? (Less than one-half of usual duties)	From ..... 19 ..... Through ..... 19 .....
If sickness, was patient confined to the house?	<input type="checkbox"/> Yes <input type="checkbox"/> No If 'yes' give dates - From <u>1/2/79</u> Through <u>Unknown</u>
	Hospitalized ..... 19 .....

REMARKS:

Physician's Name (Print) C. Wesley Dingman, M.D. SOCIAL SECURITY OR EMPLOYER ID NUMBER REQUIRED 1027 24 9161  
 Date 5/9/79 Signed C. Wesley Dingman (Attending Physician)  
 Address (Street and Number) 500 W. Montgomery Ave. City and State Rockville, Md. Zip Code 20850

Thank You Very Much

Please return to MONARCH LIFE INSURANCE COMPANY

Address shown on the reverse side

THIS FORM APPROVED BY INTERNATIONAL CLAIM ASSOCIATION AND AMERICAN MEDICAL ASSOCIATION