

EAR/OTITIS QUESTIONNAIRE
(complete all questions)

Name of primary applicant: _____ ID/SSN: _____

Name of person treated: _____ Relationship to applicant: _____

1. Give diagnosis of ear disorder: _____

2. Date diagnosed or date of first symptoms: _____

3. How many episodes in the past 2 years? _____

Frequency of episodes? _____

4. Give details including dates of past and current treatment: _____

5. Is any prescription medication taken for this condition? Yes _____ No _____

Name of Medication:

Dosage:

Frequency (i.e., daily, as needed)

6. Give name and address of treating physician: _____

7. Date last seen for this condition? _____

8. Ever had or been advised to have surgery? Yes _____ No _____

If yes, please provide details: _____

All of the above statements are true, complete and correctly recorded to the best of my knowledge. I understand Anthem Blue Cross and Blue Shield will rely on these statements when determining eligibility.

Signature of person treated (or parent/guardian if under 18)

Date