



### III. EXPLANATION

Check any boxes that apply and explain why the Retired Player wants to see a Qualified MAF Physician located more than 150 miles from his primary residence. If you need more space, attach additional pages.

<input type="checkbox"/>	None within 150-miles	<input type="checkbox"/>	No available appointments within 100 days
<input type="checkbox"/>	I have an existing doctor-patient relationship with this provider	<input type="checkbox"/>	Other

Explain why you would like to see this physician. If you attempted to schedule an appointment with a Qualified MAF Physician who was not available, describe your efforts to schedule an appointment with him or her:

### IV. SIGNATURE

<b>Signature by Retired NFL Football Player or Representative Claimant</b>			<b>Date</b>	<table border="1"><tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr><tr><td colspan="18">(Month/Day/Year)</td></tr></table>																					(Month/Day/Year)																	
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