



ATTENDING PHYSICIAN STATEMENT
FOR CRITICAL CONDITION ACCELERATED BENEFIT

PHYSICIAN STATEMENT STROKE CLAIM FORM

This form is provided to you, the physician, to be completed on behalf of your patient. The completion of this form is necessary for your patient to be considered for Accelerated Benefits under their policy. Attached please find authorization for the release of any medical information. All sections must be fully answered and this form must be signed and dated. If you have any questions, please contact the Claims Department.

Patient name _____ Social Security Number _____ - _____ - _____ Date of birth ____/____/____

- 1. Diagnosis _____
a. Date condition first diagnosed _____ b. Date patient advised of condition _____
c. Prognosis _____
d. Course of treatment _____

2. Was diagnosis of Cerebrovascular accident made? [] yes [] no

If YES, on what date did the CVA occur? ____/____/____

What was the cause of the stroke (if known): _____

Please describe the residual neurological deficits: _____

How long has the neurological deficits persisted? _____

Please list the information of who made the diagnosis:

Name _____
Address _____ City _____ State _____ Zip _____
Phone (_____) - _____

3. Please provide a copy of the CT Scan or MRI results (if available).

4. Please describe and include dates of any predisposing disorders or risk factors (including family history) your patient had for this condition:

5. Contact information for Primary Care Physician:

Physician name _____ Phone Number (_____)- _____

Address _____ City _____ State _____ Zip code _____

Please list any other physicians consulted or hospitals attended by your patient for this or any other related disorder:

Physician name _____ Phone Number (_____)- _____

Address _____ City _____ State _____ Zip code _____

Physician name _____ Phone Number (_____)- _____

Address _____ City _____ State _____ Zip code _____

Name of Hospital _____ Phone Number (_____)- _____

Address _____ City _____ State _____ Zip code _____

Hospitalization dates: From ____ / ____ / ____ to ____ / ____ / ____

Name of Rehabilitation Facility _____ Phone Number (_____)- _____

Address _____ City _____ State _____ Zip code _____

Hospitalization dates: From ____ / ____ / ____ to ____ / ____ / ____

6. Please provide details of your patient's tobacco use including amount per day and date last used: _____

7. Please provide any other information that would be helpful in the assessment of your patient's claim: _____

Signature of Physician _____ **Date** _____ **Phone** _____

Printed Name of Physician _____ **Address** _____

FRAUD WARNING NOTICE

The laws of some states require us to furnish you with the following notice:

Alabama – Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or who knowingly presents false information in an application for insurance is guilty of a crime and may be subject to restitution fines or confinement in prison, or any combination thereof.

Arkansas, Louisiana, Massachusetts, Rhode Island – Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

Colorado – It is unlawful to knowingly provide false, incomplete, or misleading material facts or information to an insurance company for the purpose of defrauding or attempting to defraud the company. Penalties may include imprisonment, fines, denial of insurance, and civil damages. Any insurance company or agent of an insurance company who knowingly provides false, incomplete, or misleading material facts or information to a policyholder or claimant for the purpose of defrauding or attempting to defraud the policyholder or claimant with regard to a settlement or award payable from insurance proceeds shall be reported to the Colorado Division of Insurance within the department of regulatory agencies.

District of Columbia – WARNING: It is a crime to provide false or misleading information to an insurer for the purpose of defrauding the insurer or any other person. Penalties include imprisonment and/or fines. In addition, an insurer may deny insurance benefits if false information materially related to a claim was provided by the applicant.

Florida – Any person who knowingly and with intent to injure, defraud, or deceive any insurer files a statement of claim or an application containing any false, incomplete, or misleading information is guilty of a felony of the third degree.

Hawaii – For your protection, Hawaii law requires you to be informed that presenting a fraudulent claim for payment of a loss or benefit is a crime punishable by fines or imprisonment, or both.

Kentucky – Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or a statement of claim containing any materially false information or conceals, for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime.

Maine, Tennessee, Virginia, Washington – It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines and denial of insurance benefits.

Maryland – Any person who knowingly or willfully presents a false or fraudulent claim for payment of a loss or benefit or who knowingly or willfully presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

Minnesota – A person who submits an application or files a claim with intent to defraud or helps commit a fraud against an insurer is guilty of a crime.

New Jersey – Any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties.

New Mexico – Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to civil fines and criminal penalties.

Ohio – Any person who, with intent to defraud or knowing that he is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement is guilty of insurance fraud.

Oklahoma – Any person who knowingly, with intent to injure, defraud or deceive any insurer, makes a claim for the proceeds of an insurance policy containing any false, incomplete or misleading information is guilty of a felony.

Pennsylvania – Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information or conceals for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime and subjects such person to criminal and civil penalties.

Puerto Rico – Any person who knowingly and with the intention of defrauding presents false information in an insurance application, or presents, helps, or causes the presentation of a fraudulent claim for the payment of a loss or any other benefit, or presents more than one claim for the same damage or loss, shall incur a felony and, upon conviction, shall be sanctioned for each violation with the penalty of a fine of not less than five thousand dollars (\$5,000) and not more than ten thousand dollars (\$10,000) or a fixed term of imprisonment for three (3) years, or both penalties. Should aggravating circumstances be present, the penalty thus established may be increased to a maximum of five (5) years, if extenuating circumstances are present, it may be reduced to a minimum of two (2) years.

All Other States – Any person who knowingly presents a false statement in an application for insurance may be guilty of a criminal offense and subject to penalties under state law.