Attending Physician's Statement

- You may use the Remarks section on the reverse side if you need more room to respond.
- The patient is responsible for completion of this form without expense to the company.

Please complete this form and return it to: **Aetna Life Insurance Service Center**
P.O. Box 14548
Lexington, KY 40512-4548
Fax Number: 1-800-238-6239

If you have any questions, please contact the Customer Service Unit at 1-800-523-5065.

Patient Information

Name	Social Security Number	Birthdate (MM/DD/YYYY)

Address (include No. Street, Town, State, Zip Code) ☐ Address is new

Release

To all providers of health care:

You are authorized to provide Aetna Life Insurance Company or one of its affiliated companies ("Aetna"), and any independent claim administrator and consulting health professionals and utilization review organizations with whom Aetna has contracted, information concerning health care advice, treatment or supplies provided the patient (including that relating to mental illness and/or AIDS/ARC/HIV). This information will be used to evaluate claims for benefits. Aetna may provide the employer named below with any benefit calculation used in payment of this claim for the purpose of reviewing the experience and operation of the policy or contract. This authorization is valid for the term of the policy or contract under which a claim has been submitted. I know that I have a right to receive a copy of this authorization upon request and agree that a photographic copy of this authorization is as valid as the original.

Note: If the person signing this is the guardian or attorney-in-fact for the claimant forward a copy of the appointment papers to Aetna and send a copy to the Attending Physician.

Employee or Authorized Person's Signature	Date (MM/DD/YYYY)

Employer Information

Name and Address	Control Number

1. History

(a) Height _____ Weight _____
(b) Date symptoms first appeared or accident happened..... Mo. _____ Day _____ Yr. _____
(c) Date patient ceased work because of disability ..... Mo. _____ Day _____ Yr. _____
(d) Has patient ever had same or similar condition? ☐ No ☐ Yes, state when and describe.
(e) Is condition due to injury or sickness arising out of patient's employment? ☐ No ☐ Yes ☐ Unknown
(f) Names and addresses of other treating physicians
Name _____ Address _____
Name _____ Address _____
Name _____ Address _____

2. Diagnosis

(a) Date of last examination ..... Mo. _____ Day _____ Yr. _____
(b) ICD diagnostic code (**mandatory**)
(c) Diagnosis (including any complications) _____
(d) Subjective symptoms

(e) Objective findings (including **current** X-rays, EKG's, laboratory data and any **clinical findings**):
(1.) **Clinical Findings**:

(2.) **Diagnostic Studies and Results**:

(f) If disability is due to pregnancy, the expected delivery date is ... Mo. _____ Day _____ Yr. _____
(g) Other disease or infirmity affecting present condition _____

3. Dates of Treatment

(a) Date of first visit ..... Mo. _____ Day _____ Yr. _____
(b) Date of last visit ..... Mo. _____ Day _____ Yr. _____
(c) Frequency ..... ☐ Weekly ☐ Monthly ☐ Other (specify) _____
(d) Is patient still under your care for this condition?
☐ Yes ☐ No, indicate date service terminated. _____

Patient Information	Name	Social Security Number

4. Nature of Treatment

(a) Type and dates of treatment:

(b) Prescribed medications:

(c) Surgical procedures and dates:

5. Progress

(a) Patient has ..... ☐ Recovered ☐ Improved ☐ Stabilized ☐ Retrogressed

(b) Patient is ..... ☐ Ambulatory ☐ House confined ☐ Bed confined ☐ Hospital confined

(c) Has patient been hospital confined?

☐ No ☐ Yes, give name and address of hospital _____

_____

Confined from _____ through _____

6. Cardiac (if applicable)

(a) Functional capacity limitation (American Heart Ass'n): ☐ Class 1 (none) ☐ Class 2 (slight) ☐ Class 3 (marked) ☐ Class 4 (complete)

(b) Blood Pressure (last visit): _____ / _____ Systolic / Diastolic

7. Limitations

(a) What are patient's present capabilities?

_____

(b) What are present limitations (physical and/or mental)?

_____

(c) What restrictions are placed on patient?

_____

8. Physical Impairment

*As defined in Federal Dictionary of Occupational Titles.

☐ Class 1 - No limitation of functional capacity; capable of heavy work*. No restrictions. (0-10%)

☐ Class 2 - Medium manual activity.* (15-30%)

☐ Class 3 - Slight limitation of functional capacity; capable of light work.* (35-55%)

☐ Class 4 - Moderate limitation of functional capacity; capable of clerical/administrative (sedentary*) activity. (60-70%)

☐ Class 5 - Severe limitation of functional capacity; incapable of minimal (sedentary*) activity. (75-100%)

☐ Remarks: _____

_____

9. Mental/ Nervous Impairment (if applicable)

Please define "stress" as it applies to this claimant.

Do you believe the patient is competent to endorse checks and direct the use of proceeds thereof? ☐ No ☐ Yes

10. Prognosis

(a) What is the patient's prognosis?

☐ Guarded ☐ Good ☐ Fair ☐ Poor ☐ Other

(b) When do you feel patient's maximum medical improvement will be reached?

☐ 1 Mo. ☐ 1-3 Mos. ☐ 3-6 Mos. ☐ 6-9 Mos. ☐ 1 yr. or longer

(c) What is the estimated date of the patient's return to work?

☐ own job/occ ☐ other occ ☐ no return expected

(d) Do you consider the patient to be a viable candidate for **Vocational Rehabilitation** (job retraining)?

☐ Yes ☐ No, please explain _____

_____

Remarks

Attending Physician's Name (print)	Specialty	Degree

Address (No. Street, City, State, Zip Code)	Telephone

Signature	Date

Misrepresentation	Any person who knowingly and with intent to injure, defraud or deceive 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. **Attention Arkansas, Louisiana and West Virginia Residents:** 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. **Attention California, Ohio and Pennsylvania Residents:** 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. **Attention Colorado Residents:** It is unlawful to knowingly provide false, incomplete, or misleading 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 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. **Attention Florida Residents:** 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. **Attention Kansas Residents:** Any person who knowingly and with intent to injure, defraud or deceive any insurance company or other person submits an enrollment form for insurance or statement of claim containing any materially false information or conceals, for the purpose of misleading, information concerning any fact material thereto may have violated state law. **Attention Kentucky Residents:** 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 may subject such person to criminal and civil penalties. **Attention Maine and Tennessee Residents:** It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties may include imprisonment, fines or denial of insurance benefits. **Attention New Jersey Residents:** Any person who includes any false or misleading information on an application for an insurance policy or knowingly files a statement of claim containing any false or misleading information is subject to criminal and civil penalties. **Attention New York Residents:** 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 shall be subject to a civil penalty not to exceed five thousand dollars and the stated value of the claim for each violation. **Attention North Carolina Residents**: Any person who knowingly and with intent to injure, defraud or deceive 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 may be a crime and subjects such person to criminal and civil penalties. **Attention Oklahoma Residents:** WARNING: Any person who knowingly, and with intent to injure, defraud or deceive any insurer, makes any claim for the proceeds of an insurance policy containing any false, incomplete or misleading information is guilty of a felony. **Attention Oregon Residents:** Any person who with intent to injure, defraud or deceive any insurance company or other person submits an enrollment form for insurance or statement of claim containing any materially false information or conceals for the purpose of misleading, information concerning any fact material thereto may have violated state law. **Attention Puerto Rico Residents:** Any person who knowingly and with the intention to defraud includes false information in an application for insurance or file, assist or abet in the filing of a fraudulent claim to obtain payment of a loss or other benefit, or files more than one claim for the same loss or damage, commits a felony and if found guilty shall be punished for each violation with a fine of no less than five thousand dollars ($5,000), not to exceed ten thousand dollars ($10,000); or imprisoned for a fixed term of three (3) years, or both. If aggravating circumstances exist, the fixed jail term may be increased to a maximum of five (5) years; and if mitigating circumstances are present, the jail term may be reduced to a minimum of two (2) years. **Attention Vermont Residents:** Any person who knowingly and with intent to injure, defraud or deceive 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 may be a crime and may subject such person to criminal and civil penalties. **Attention Virginia Residents:** Any person who knowingly and with intent to injure, defraud or deceive 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 act, which is a crime and subjects such person to criminal and civil penalties.