



**Lincoln**  
Financial Group<sup>SM</sup>

Claims Department  
PO Box 21008  
Dept 0514  
Greensboro, NC 27420-1008  
Phone 800-487-1485

# Home Health Care Provider Service Record

Insured's Name \_\_\_\_\_ Policy # \_\_\_\_\_

Provider \_\_\_\_\_

[illegible]

Insured's Signature

Date \_\_\_\_\_

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Provider's Signature

Date \_\_\_\_\_