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 ________________________________

Date of Service (each day must be listed separately)	**Hours Per Day**	**Daily Amount Charged**
Totals:		

________________________________ ________________
Insured's Signature Date

________________________________ ________________
Provider's Signature Date

Lincoln Financial Group is the marketing name for Lincoln National Corporation and its affiliates.