Lincoln Financial Group®

Medical Assessment

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

- Please answer all questions completely.
- This form should be completed by the Medical Provider that is recommending care services for our Insured.
- Please feel free to contact us at 800-487-1485 if you have any questions regarding this form or its completion.

Insured Information

Insured's Name: _____ Policy Number: _____

Date of Birth: _____ Age: _____ SSN: _____

Claim Information

Diagnosis (including ICD-9) code/cause for this claim: _____

Date of diagnosis or date of symptoms appeared (mm/dd/yyyy): _____

Additional diagnoses and dates of diagnosis: (including ICD-9 codes)

Diagnosis: _____ Date (mm/dd/yyyy): _____

Diagnosis: _____ Date (mm/dd/yyyy): _____

Diagnosis: _____ Date (mm/dd/yyyy): _____

Diagnosis: _____ Date (mm/dd/yyyy): _____

Diagnosis: _____ Date (mm/dd/yyyy): _____

Date you first treated/consulted with this patient: _____

What type(s) of care are you recommending for the insured? (Please check all that apply)

☐ Home Health Care ☐ Adult Day Care ☐ Respite Care ☐ Assisted Living ☐ Residential Care Facility

☐ Nursing Home ☐ Other: _____

Date you are recommending care services should begin: (mm/dd/yyyy): _____

Date care services began if different from recommendation: (mm/dd/yyyy): _____

Recommended duration for services: ☐ 1 - 3 mths ☐ 3 - 6 mths ☐ 6 - 12 mths ☐ 12 mths +

Provider Information

Please provide information regarding who is currently providing services for the patient.

Name of Facility/Provider: _____

Address: _____

City/State/ZIP: _____

Contact Phone: _____

Type of Services Being Provided: _____

Assessment Of ADLS

Rating Scale: Please review each activity of daily living and provide an objective assessment of the patient's current functional ability by checking the most appropriate response for each activity.
Space is provided for comments/notes.

0 = Without assistance

1 = Supervised

2 = Hands-on assistance

3 = Completely dependent

Task Description:

1. Bathing	☐ 0	☐ 1	☐ 2	☐ 3
2. Dressing	☐ 0	☐ 1	☐ 2	☐ 3
3. Eating/Feeding	☐ 0	☐ 1	☐ 2	☐ 3
4. Toileting	☐ 0	☐ 1	☐ 2	☐ 3
5. Transferring	☐ 0	☐ 1	☐ 2	☐ 3
6. Continence	☐ 0	☐ 1	☐ 2	☐ 3

Notes:

Cognitive Assessment

Is a cognitive deficit present? ☐ Yes ☐ No If yes, please answer the following questions:

Level of cognitive deficit: ☐ Mild ☐ Moderate ☐ Severe

Describe any supervision required: _____

_____

Do you believe the patient is competent to endorse checks? ☐ Yes ☐ No

Do you believe the patient is competent to direct their financial affairs? ☐ Yes ☐ No

Signatures

Fraud Warning for 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 also be subject to a civil penalty not to exceed five thousand dollars and the stated value of the claim for each such violation.

Medical Provider Name: _____

Speciality: _____ Phone Number: _____

Address: _____

City/State/ZIP: _____

Signature: _____ Date: _____

Tax Reporting Number Required by IRS Code-Section 8109

SSN: _____

IRS#: _____

Are you incorporated? ☐ Yes ☐ No

Fraud Warning

Warning – Any person who knowingly and with intent to injure, defraud or deceive any insurance company or other person files a statement of claim containing any false, incomplete or misleading information or conceals, for the purpose of misleading, information concerning any fact material to the claim, commits a fraudulent insurance act, which may be a crime, and in certain states a felony. Penalties may include imprisonment, fines, denial of insurance and civil damages.

These states require the following fraud warnings:

California (For your protection, California law requires this to appear.) – Any person who knowingly presents false or fraudulent claim for the payment of a loss is guilty of a crime and may be subject to fines and confinement in state prison.

Colorado – 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.

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.

Kentucky – Any person who knowingly and with intent to defraud any insurance company or other person files 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.

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

New Hampshire – Any person who, with a purpose to injure, defrauds or deceives any insurance company, files a statement of claim containing any false, incomplete or misleading information is subject to prosecution and punishment for insurance fraud, as provided in **N.H. Rev. Stat. Ann. Subsection 638:20.**

New Jersey – Any person who knowingly files a statement of claim containing false or misleading information is subject to criminal and civil penalties.

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 ($5,000) dollars and not more than ten thousand ($10,000) dollars, or a fixed term of imprisonment for three (3) years, or both penalties. Should aggravating circumstances are 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.