

Instructions: All sections below need to be completed by your treating provider. Once complete login to our secure portal to upload the document, fax to (877) 843-3950, or email to disabilityclaims@lfg.com.

1. Claimant Information

Employee's Name: _____ Claim Number: _____
 Date of Birth: _____ Telephone Number: _____ Social Security Number: _____
 Employer Name: _____

2. Medical Facts

Primary Diagnosis: _____ ICD-10 Code: _____

Secondary Diagnosis: _____ ICD-10 Code: _____

Co-Morbid: _____

Height: _____ Weight: _____ Gender: _____

Is the Disability a Result of: Illness Injury Work Related

Date Unable to Work: _____ If Injury, Date of Injury: _____

Date of Initial Treatment: _____ Date of Most Recent Treatment: _____

Date of Next Treatment: _____ Reoccurring Condition? Yes No

Has Patient Been Hospitalized: Yes No If Yes, Dates of Admission and Discharge: _____ to _____

Hospitalization Reason: _____

Has/Will Surgery Occur? Yes No Surgery Elective? Yes No Date of Surgery: _____

Surgery Type: _____

If Pregnancy: Estimated Due Date: _____ Actual Delivery Date: _____

Advised to Cease Work Prior to Delivery: Yes No Delivery Type: Vaginal C-Section

Pregnancy Complications:

Symptoms (including impact to ADL's, and self reported symptoms):

Objective Findings (include copies of x-rays, EKG's, blood work, scans, and any clinical findings):

Nature of Treatment (current and recommended, frequency) and **Treatment/Physician Referrals** (include phone/fax number):

Medications (include dosage, frequency, and dates prescribed/changed):

Restrictions and Limitations:**Physical Diagnosis:**

Lifting: _____ lbs _____ hours per work day

Carrying: _____ lbs _____ hours per work day

Provide Hours per Work Day:

Sitting: _____

Standing: _____

Walking: _____

Kneeling: _____

Climbing: _____

Squatting: _____

Stooping: _____

Bending: _____

Reaching: _____

Mental Diagnosis (Ability to perform task using scale below):

1 = Unable to Perform 2 = Markedly Limited

3 = Somewhat Limited 4 = Unlimited

Perform at Constant Pace: _____

Maintain Attention/Concentration: _____

Comprehend Daily Tasks: _____

Multi-Task: _____

Communicate Effectively: _____

Regulate Emotions: _____

Follow Instructions: _____

Interact with Colleagues: _____

Interact with Public: _____

Make Decisions: _____

Work Alone/Separate from Others: _____

Dates of Restrictions and Limitations: _____ to _____ Date Able to Return to Work: _____ Full Time Part Time Part Time Days/Hours: _____**Job Modifications Needed to Return to Work:**

Modified Work Schedule: _____ Duration of Modified Work Schedule: _____

Additional Restrictions and Limitations:

3. Signature

New York. 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 subject to a civil penalty not to exceed five thousand dollars and the stated value of the claim for each such violation.

Printed Name of Provider (including Credentials): _____

Provider Signature _____

Date _____

Specialty of Practice: _____ Address of Practice: _____

Phone Number: _____ Fax Number: _____

Email: _____

Lincoln Financial Group is not responsible for charges incurred due to completion of this form. The patient is responsible for any charges associated with form completion. Please see Fraud Notices attached.

FRAUD NOTICES. For your protection, certain states require that the following notices appear on this form.

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.

Alaska. A person who knowingly and with intent to injure, defraud, or deceive an insurance company files a claim containing false, incomplete or misleading information may be prosecuted under state law.

Arizona. For your protection Arizona law requires the following statement to appear on this form. Any person who knowingly presents a false claim for payment of a loss is subject to criminal and civil penalties.

Arkansas, Louisiana, Rhode Island and West Virginia. 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.

California. For your protection California law requires the following to appear on this form: Any person who knowingly presents a false or fraudulent information to obtain or amend insurance coverage or to make a 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 Services.

Delaware. Any person who knowingly, and with intent to injure, defraud or deceive any insurer, files a statement of claim containing any false, incomplete or misleading information is guilty of a felony.

District of Columbia. 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.

Kansas. A person may be guilty of fraud as determined by a court of law, if he or she submits an application or claim containing a false or deceptive statement with intent to defraud (or knowing that he or she is helping to defraud) an insurance company.

Kentucky. Any person who knowingly and with the intent to defraud an 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.

Maine. 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 a 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.

New Jersey. Any person who knowingly files a statement of claim containing any false or misleading information 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.

North Carolina. Any person who, with intent to injure, defraud, or deceive an insurer or insurance claimant: (1) presents or causes to be presented a written or oral statement, including computer-generated documents as part of, in support of, or in opposition to, a claim for payment or other benefit pursuant to an insurance policy, knowing that the statement contains false or misleading information concerning any fact or matter material to a claim, or (2) assists, abets, solicits, or conspires with another person to prepare or make any written or oral statement that is intended to be presented to an insurer or insurance claimant in connection with, in support of, or in opposition to, a claim for payment or other benefit pursuant to an insurance policy, knowing that the statement contains false or misleading information concerning a fact or matter material to the claim is guilty of a Class H felony.

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, 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.

Oregon. A person may be committing insurance fraud, if he or she submits an application or claim containing a misstatement, misrepresentation, omission or concealment with intent to defraud (or knowing that he or she is helping to defraud) an insurance company.

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 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 by 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.

Tennessee, Virginia, and 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.

Texas. Any person who knowingly presents a 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.

Vermont. 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.

FOR ALL OTHER STATES. A person may be committing insurance fraud, if he or she submits an application or claim containing a false or deceptive statement with intent to defraud (or knowing that he or she is helping to defraud) an insurance company.