



Attending Physician Statement

Complete and sign the form using **BLUE** or **BLACK** ink.

Aetna International
 Coverage underwritten by Aetna Life Insurance Company and Aetna Life & Casualty (Bermuda) Ltd.

Mail this completed form to:
 Aetna International
 Attn: Disability Claims Processing
 P.O. Box 14560
 Lexington, KY 40512-4560
 USA

Phone: **866-326-1380** Toll Free Within U.S.A.
800-231-7729 Toll Free – Outside U.S.A. (via AT&T Direct Access Code)
813-775-0190 Direct or Collect outside U.S.A.
Fax: **855-806-0522** Within U.S.A. and via AT&T Direct Access Code from any country

1. Patient Instructions

The **Patient** is responsible for completing **Section 1, the top of Pages 2 and 3**, and for **ensuring** that their **Attending Physician completes the remainder of this statement**. The **Patient** is responsible for paying any fees that may be charged for completion of this form by their physician. **If you have any questions, please call us at the number above.**

(a) Control Number _____

(b) Patient Name _____
(Last Name/Sumame, First, Middle Initial)

U.S. Social Security/ ID # _____ Birth Date (MM/DD/YYYY) _____ Height _____ Weight(lb) _____

(c) Patient Gender Male Female

(d) Patient Home Address _____
 Required (Include Country) Check if New

(e) Mailing Address, if different from Home address _____

(f) Patient Employer Name/Address _____
(Include Country)

(g) Patient Telephone Number _____ Check if New
(Include Country Code)

(h) Job Title/Occupation _____

(i) Type of Claim: Long Term Disability

2. Physician Instructions

The **Attending Physician** should **complete Sections 2 through 8**, based upon a **recent examination**. Please attach office visit notes and additional documentation. **If you have any questions, please call us at the number above**

Please complete form in its entirety and fax to the above number. Pages 2 and 3 MUST be completed before faxing.

3. Impairing Diagnosis & Treatment

(a) For medical reasons, the patient will need to be absent for work due to a disability beginning on _____ and ending on _____.
(MM/DD/YYYY) (MM/DD/YYYY)

(b) Primary Diagnosis _____ Primary ICD Code _____
 Secondary Diagnosis _____ Secondary ICD Code _____
 Other Diagnoses _____ Other ICD Codes _____

(c) Height _____ Weight _____ Date Measured (MM/DD/YYYY) _____

(d) If Pregnancy related, delivery or expected date _____ MM _____ DD _____ YYYY _____
 Delivery Type: Vaginal Cesarean

(e) Surgery Date _____ MM _____ DD _____ YYYY _____
 Primary Procedure _____ Primary CPT Code _____
 Secondary Procedure _____ Secondary CPT Code _____
 Other Procedures _____ Other CPT Codes _____

(f) Medication(s)/Dose/Frequency _____
 Impairment from medication effects _____

(g) Is patient still under your care for this condition? Yes No, date service terminated _____
(MM/DD/YYYY)

(h) Treatment summary _____

(i) Office visit dates: First _____ Last _____ Next _____ Frequency of appointments _____
(MM/DD/YYYY) (MM/DD/YYYY) (MM/DD/YYYY)

(j) Was patient recently hospitalized? No Yes Date hospitalized: Admit _____ Discharge _____
(MM/DD/YYYY) (MM/DD/YYYY)

(k) Hospital Name _____
Name City State Country

Patient Name (Last Name/Surname, First, Middle Initial) **Required**

4. History

- (a) Symptoms: _____
- (b) Date symptoms first appeared or accident happened MM _____ DD _____ YYYY _____
- (c) 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) Other Treating Physicians
- | | | | | |
|------------|-----------------|------------|-------------|---------------|
| Name _____ | Specialty _____ | City _____ | State _____ | Country _____ |
| Name _____ | Specialty _____ | City _____ | State _____ | Country _____ |
| Name _____ | Specialty _____ | City _____ | State _____ | Country _____ |

5. Abilities/Limitations

- (a) **Patient is: Place remarks in item (d) below, if applicable.**
- Competent to endorse checks and direct the use of proceeds thereof Yes No Other/describe in (d)
 - Able to work with others Yes No Other/describe in (d)
 - Able to give supervision Yes No Other/describe in (d)
 - Able to work cooperatively with others in group setting Yes No Other/describe in (d)
 - Able to do? **Select one: Place remarks in item (d) below, if applicable.**
 - Heavy work** activity. No limitations of functional capacity.
 - Medium work** activity. Exerting 20-50 pounds of force occasionally, and/or 10-25 pounds of force frequently, and/or greater than negligible up to 10 pounds of force constantly
 - Light work** activity. Exerting up to 20 pounds of force occasionally and/or up to 10 pounds of force frequently
 - Sedentary work** activity – moderate limitation of functional capacity. Exerting up to 10 pounds of force occasionally. Sedentary work involves sitting most of the time, but may involve walking or standing for brief periods of time
 - No ability to work.** Severe limitation of functional capacity; incapable of minimal activity
 - Other.** Place remarks in item (d) below.
- (b) **What medical restrictions/limitations are you placing on patient? (Activities of Daily Living, Driving, Lifting, Pulling, Pushing, and Amounts, etc.)** _____
- _____
- **Number of Hours** patient is capable of working in a day: 12 10 8 6 4 2 1 Hour/Day
 - **Number of Days** per week patient is able to work: 1 2 3 4 5 6 7 Days/Week
 - Date you prescribed restriction on work activities Month _____ Day _____ Year _____
 - How long are these restrictions/limitations in effect? _____ No Longer
 - Estimated return to work date? _____ modified duty _____ full duty
- (c) **Objective findings that substantiate impairment** (current laboratory, physical and/or mental status examination, and other testing)
- _____
- (d) Other/Comments _____

6. Current Status

- (a) Patient has Improved Stabilized Regressed Not Applicable
- (b) Is there a medical contraindication for patient to participate in Vocational Rehabilitation (job training) programs?
 No Yes, please explain _____
- (c) In your opinion, is your patient motivated to return to work? _____

7. Physician Information and Signature

Attending Physician's Name (Print)	Degree	Specialty
Address (Include Country)		
Telephone Number (Include Country Code)	Fax Number (Include Country Code)	
Are you a western trained physician? <input type="checkbox"/> Yes <input type="checkbox"/> No		
University/Institution (Include Country) _____		
Signature		Date (MM/DD/YYYY)

8. 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.

United States Fraud Statements Below:

Attention Alabama Residents: 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.

Attention Arkansas, District of Columbia, Rhode Island 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 Residents: For your protection California law requires notice of the following to appear on this form: 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.

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 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.

Attention Louisiana 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 is guilty of a crime and may be subject to fines and confinement in prison.

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 Maryland Residents: 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.

Attention Missouri 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 include imprisonment, fines, denial of insurance and civil damages, as determined by a court of law. Any person who knowingly and with intent to injure, defraud or deceive an insurance company may be guilty of fraud as determined by a court of law.

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 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 Ohio Residents: 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.

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 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 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 Texas 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 intentional misrepresentation of material fact or conceals, for the purpose of misleading, information concerning any fact material thereto may commit a fraudulent insurance act, which may be a crime and may subject such person to criminal and civil penalties.

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.

Attention Washington 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 include imprisonment, fines, and denial of insurance benefits.

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.

Employee's Signature:

Date (MM/DD/YYYY):

