

ATTENDING PHYSICIAN'S DISABILITY STATEMENT**TO BE COMPLETED (for employee) BY PHYSICIAN**

Legible completion of this form is requested to ensure prompt service to your patient.			
1. Patient Name/Medical Record Number (please print, maiden name if applicable)		2. Date of Birth Height Weight	
3. When did symptoms first appear or accident happen?	4. Date you advised patient to stop working?	5. Has patient ever had the same or similar condition? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, state when and describe	
6. Is condition due to or exacerbated by injury/sickness arising out of patient's employment? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown		7. Name & address of other treating physicians	
8. Date of first visit for this illness	9. Date of last visit	10. Diagnosis & ICD10 code (include complications)	
11. Subjective symptoms		12. Objective findings (including current x-rays, EKG's lab and/or clinical findings)	
13. Nature of treatment			
14. If pregnancy, expected delivery date		15. If delivered, actual delivery date	16. <input type="checkbox"/> Vaginal delivery <input type="checkbox"/> C - Section
17. Was patient hospitalized? <input type="checkbox"/> Yes <input type="checkbox"/> No	Name & address of hospital		Date Admitted Date Discharged
18. Please check patients Physical Capacity (Reference: Dictionary of Occupational Titles) <input type="checkbox"/> Very heavy – frequent standing/walking, lift/carry over 100 lbs. <input type="checkbox"/> Light - frequent standing/walking, lift/carry up to 20 lbs. <input type="checkbox"/> Heavy - frequent standing/walking, lift/carry up to 100 lbs. <input type="checkbox"/> Sedentary – sitting most of the time, lift/carry up to 10 lbs. <input type="checkbox"/> Medium - frequent standing/walking, lift/carry up to 50 lbs. <input type="checkbox"/> No work capacity – ADLs (Activities of Daily Living) only.			
19. Behavioral Health (Reference: DSM-IV-TR) <input type="checkbox"/> GAF 61-70 – Some mild symptoms (some difficulty in social, occupational); generally functioning well. <input type="checkbox"/> GAF 51-60 – Moderate symptoms (moderate difficulty in social, occupational); flat affect, occasional panic attacks, conflict with peers. <input type="checkbox"/> GAF 41-50 Serious symptoms (serious impairment in social, occupational); no friends, suicidal, unable to keep job. <input type="checkbox"/> GAF 31-40 Some impairment in reality testing, speech at times illogical, major impairment in several areas. <input type="checkbox"/> GAF < 30 Behavior influenced by delusions and/or hallucinations; acts grossly inappropriate.			
20. Please define "stress" as it applies to this patient		21. What stress and problems in interpersonal relations has patient had on the job?	
22. Additional Remarks			
23. Please describe any *limitations your patient has in his/her activities (*limitations – activities that cannot be performed).			
24. Please list any *restrictions you have placed on your patient's activities (*restrictions – activities that should not be done to prevent progression of disease).			
25. Expected Return to Work Date	26. Can patient resume full duties upon return to work? <input type="checkbox"/> Yes <input type="checkbox"/> No If no, please explain?		
27. Do you believe the patient is competent to endorse checks and direct the use of the proceeds thereof? <input type="checkbox"/> Yes <input type="checkbox"/> No			

Signature of Attending Physician

<i>The above statements are true and complete to the best of my knowledge and belief. I acknowledge that I have completed this form in its entirety.</i>			
Physician's Name		Degree & Specialty	NPI Number
Street Address		Phone Number	Fax Number
Are you related to this patient? Y N If yes, what is the relationship?			
Physician's Signature (eSignature is allowed)			Date Signed

Please fax, email or mail this statement to UnitedHealthcare Specialty Benefits, at the following locations:

Fax: 888 505 8550 **Unsecured E-mail:** FPCustomerSupport@uhc.com **Mail:** PO Box 7466 Portland ME 04112-7466

(Rev. 01/18)

FRAUD WARNING NOTICES: (Please review notice that applies in your state)

For claimants in 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.

For claimants in 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.

For claimants in Arizona:

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

For your protection California law requires 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.

For claimants in 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.

For claimants in Connecticut:

Any person who knowingly presents false information in an application for insurance or life settlement contract is guilty of a crime and may be subject to fines and confinement in prison.

For claimants in 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.

For claimants in 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.

For claimants in 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

For claimants in Hawaii:

For your protection, Hawaii law requires you to be informed that presenting a fraudulent claim for payment of a loss or benefit is a crime punishable by fines or imprisonment, or both.

For claimants in Idaho:

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

For claimants in Indiana:

A person who knowingly and with intent to defraud an insurer files a statement of claim containing any false, incomplete, or misleading information commits a felony.

For claimants in Kansas:

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 may be guilty of fraud as determined by a court of law.

For claimants in 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.

FRAUD WARNING NOTICES: (Please review notice that applies in your state)

For claimants in 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.

For claimants in Maryland:

Any person who knowingly or willfully presents a false or fraudulent claim for payment for 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.

For claimants in Minnesota:

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

For claimants in New Hampshire:

Any person who, with a purpose to injure, defraud, or deceive 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 RSA 638:20.

For claimants in New Jersey:

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

For claimants in 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 penalties.

For claimants in 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.

For claimants in Oklahoma:

WARNING: Any person who knowingly, and with intent to injure, defraud or deceive and insurer, makes any claim for the proceeds of an insurance policy containing any false, incomplete or misleading information is guilty of a felony.

For claimants in Oregon:

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

For claimants in 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.

For claimants in Tennessee 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.

For claimants in 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.

For claimants in Vermont:

Any person who knowingly and with intent to injure, defraud, or deceive any insurer files a statement of claim or an application containing false, incomplete, or misleading information may be guilty of a crime.

For claimants in Virginia:

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 false, incomplete, or misleading information may have violated state law.

For claimants in All Other States:

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.