Lincoln Financial Group®

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

CARE PROVIDER ASSESSMENT

- Please answer all questions completely.
- This form should be completed by the agency or individual that is providing care services for our Insured. If there are multiple agencies or individuals, each provider will need to complete a separate form.
- 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: _____

PROVIDER INFORMATION

Please Choose Type: ☐ Facility ☐ Individual Caregiver

Facility/Agency

Corporate Name: _____

D/B/A: _____

Address: _____

City: _____ State: _____ ZIP: _____

Phone: _____ Fax: _____

Type of Facility/Agency: _____

Please list any licenses or accreditations (Please Submit copies of any listed.): _____

_____

Are you Medicare Certified? ☐ Yes ☐ No

If yes, is the insured bed classification Medicare Certified? ☐ Yes ☐ No

Are the patient's expenses covered by Medicaid, workers' compensation, employer's liability, occupational disease, motor vehicle no fault, and/or any governmental program coverage? ☐ Yes ☐ No

If yes, list policy or contract holder, policy or contract number(s) and name and address of the insurance company or administrator.

Medicare ☐ Part A ☐ Part B (Doctor's Plan)

INDIVIDUAL CAREGIVER

Name: _____

Address: _____

City: _____ State: _____ ZIP: _____

Phone: _____

Are you related to the insured in any way? ☐ Yes ☐ No

If Yes, what is the relationship? _____

PATIENT CARE INFORMATION

Date of Admission/Date care began: _____

Date of Discharge/Date care ended: _____

Number of Days charged for (services/room & board): _____

Charge Per Day: $_____

Please note that we require itemized bills statements for reimbursement.

Patient Diagnosis/Reason for Admission:
1. _____
2. _____
3. _____

Attending/Recommending Physician: _____

Contact Phone: _____

ACTIVITIES OF DAILY LIVING

Please review each activity of daily living and provide an objective assessment of the assistance provided to the patient by checking the most appropriate response for each activity. Please describe specific needs/limitations in notes section below.

Rating Scale:
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? ☐ No ☐ Yes If yes, please answer the following questions.

Level of cognitive deficit? ☐ Mild ☐ Moderate ☐ Severe

Describe any supervision required: _____

_____

Are there any other *issues* arising from the cognitive impairment? _____

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.

Signature: _____ Date: _____

Print Name: _____

Title: _____ Hours Available: _____

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.