aetna® Adult Medical Attending Physician Statement

Attending Physician Instructions:

- Complete the entire form and return to the employee.

1. Patient Information

Name				Aetna ID Number
Birth Date *(MM/DD/YYYY)* / /	Gender ☐ Female ☐ Male	Height (ft., in.)	Weight (lbs.)	Blood Pressure Date Measured

2. Diagnostic Information

Primary Diagnosis

ICD-9 Code(s)

_____, _____, _____, _____

Complications

Objective Findings

Subjective Symptoms

Are there any secondary conditions contributing to this condition?
☐ Yes ☐ No If Yes, what are they?

Has this patient ever had the same condition or a similar condition?
☐ Yes ☐ No If Yes, what year(s)/describe?

3. Treatment Information

Primary Diagnosis

Date symptoms first appeared (or date of accident)	Date first treated for this condition	Most recent date treated for this condition
/ /	/ /	/ /

Frequency with which you see this patient:
☐ Weekly ☐ Monthly ☐ Other _____

Has the patient undergone surgery?
☐ Yes ☐ No If **Yes**, provide date _____ Procedure _____
Result _____ ICD-9 Code(s) _____

If **No**, do you expect surgery to be performed in the future? ☐ Yes ☐ No
If Yes, provide date _____ Procedure _____

Please list current medications with dosage and frequency.

Please list other types and frequency of treatment.

Has the patient been referred to a medical rehabilitation or therapy program?
☐ Yes ☐ No If Yes, please describe facility and provide facility name, address and telephone number.

_____

Is the patient a suitable candidate for vocational rehabilitation?
☐ Yes ☐ No Please explain _____

Has the patient been hospitalized for this condition?
☐ Yes ☐ No If yes, include dates of confinement as indicated.

a. Hospital Name

Hospital Address	Treatment Dates
	From: / / To: / /

b. Hospital Name

Hospital Address	Treatment Dates
	From: / / To: / /

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4. Progress

Patient Status

☐ Recovered ☐ Improved ☐ Unchanged ☐ Retrogressed
☐ Ambulatory ☐ Home Bound ☐ Bed Confined ☐ Hospitalized

What is the prognosis?

Has the patient achieved Maximum Medical Improvement?	If No, how soon do you expect fundamental changes in the patient's medical condition?
☐ Yes ☐ No	☐ 1-2 months ☐ 3-4 months ☐ 5-6 months ☐ More than 6 months

Please note any restrictions *(activities your patient should not do).*

Please note any limitations *(activities your patient cannot do).*

What is the patient's current work status?

Please describe any physical and/or mental impairments.

Date patient released from your care *(if applicable)* / /	Date patient able to return to full duty / /

5. Level of Impairment

Physical Impairment *(if applicable):*

- ☐ Class 1. No limitation of functional capacity/capable of heavy work.
- ☐ Class 2. Slight limitation of functional capacity/capable of medium manual work
- ☐ Class 3. Moderate limitation of functional capacity/capable of light work.
- ☐ Class 4. Marked limitation of functional capacity/capable of sedentary work.
- ☐ Class 5. Severe limitation of functional capacity/incapable of sedentary work.

Does this patient have a mental/nervous impairment impacting his/her level of functioning?

☐ Yes ☐ No

If Yes, provide diagnosis _____

Mental/Nervous Impairment *(if applicable):*

- ☐ No limitation: able to function under stress and engage in interpersonal relationships.
- ☐ Slight limitation: able to function in most stress situations and engage in most interpersonal relationships.
- ☐ Moderate limitation: able to engage in only limited stress and limited interpersonal relationships.
- ☐ Marked limitation: unable to engage in stress or interpersonal relationships.
- ☐ Severe limitation: has significant loss of psychological, physiological, personal and social adjustment.

Cardiac Functional Capacity – NY Heart Association:

☐ Class 1. No limitation ☐ Class 2. Slight limitation ☐ Class 3. Moderate limitation ☐ Class 4. Complete limitation

Do you believe your patient is competent to endorse checks and direct the use of the proceeds thereof?

☐ Yes ☐ No

Additional Comments/Information

6. Attending Physician Information

Name	Degree/Specialty
Complete Address	

Telephone Number	Fax Number	*Board Certified* ☐ Yes ☐ No
Physician's Signature		Date *(MM/DD/YYYY)* / /

The Genetic Information Non-Discrimination Act of 2008 (GINA) prohibits employers and other entities covered by GINA Title II from requesting or requiring genetic information of an individual or family member of the individual, except as specifically allowed by this law. To comply with this law, we are asking that you **not** provide any genetic information when responding to this request for medical information. Genetic information as defined by GINA, includes an individual's family medical history, the results of an individual's or family member's genetic tests, the fact that an individual or an individual's family member sought or received genetic services, and genetic information of a fetus carried by an individual's family member or an embryo lawfully held by an individual or family member receiving assistive reproductive services.

Adult Medical Attending Physician Statement

Name	Birth 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.

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 and Missouri 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 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 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.

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.

aetna® Capabilities and Limitations Worksheet

Complete and sign the form using BLUE or BLACK ink.

Employee Name *(Last, First, Middle Initial)*	Aetna ID Number	Birth Date (MM/DD/YYYY)

Gender ☐ Male ☐ Female	Job Title

Current Diagnosis	Medications

Indicate the percent of the day the following activities can be performed:

(**O**ccasional 1-33% or .5-2.5 hrs. **F**requent 34-66% or 2.6-5.0 hrs. **C**ontinuous 67-100% or 5.1-8 hrs. or **N**ever)

	O	F	C	N
Climbing	☐	☐	☐	☐
Crawling	☐	☐	☐	☐
Kneeling	☐	☐	☐	☐
Lifting	☐	☐	☐	☐
Pulling	☐	☐	☐	☐
Pushing	☐	☐	☐	☐
Reaching above shoulder	☐	☐	☐	☐
Forward reaching	☐	☐	☐	☐
Carrying	☐	☐	☐	☐
Bending	☐	☐	☐	☐
Twisting	☐	☐	☐	☐

	O	F	C	N
Hand grasping ___R___L	☐	☐	☐	☐
Firm hand grasping ___R___L	☐	☐	☐	☐
Fine manipulation ___R___L	☐	☐	☐	☐
Gross manipulation ___R___L	☐	☐	☐	☐
Repetitive motion ___R___L	☐	☐	☐	☐
Sitting ___R___L	☐	☐	☐	☐
Standing ___R___L	☐	☐	☐	☐
Stooping ___R___L	☐	☐	☐	☐
Walking ___R___L	☐	☐	☐	☐
Other _____	☐	☐	☐	☐

Maximum weight patient is capable of lifting:

	O	F	C	N
1 - 5 lbs.	☐	☐	☐	☐
6 - 10 lbs.	☐	☐	☐	☐
11 - 20 lbs.	☐	☐	☐	☐
21 - 35 lbs.	☐	☐	☐	☐
36 - 50 lbs.	☐	☐	☐	☐
51 - 75 lbs.	☐	☐	☐	☐
75 - 100 lbs.	☐	☐	☐	☐
100 lbs. +	☐	☐	☐	☐

Approved head and neck movements:

	Yes	No
Static position	☐	☐
Frequent flexing	☐	☐
Frequent rotation	☐	☐

Can the patient operate:

	Yes	No
A motor vehicle?	☐	☐
Hazardous machine?	☐	☐
Power tools?	☐	☐

Limitations to:

Speaking _____ hrs.

Vision (explain) _____

Depth perception _____

Hearing (explain) _____

Exposure limitations:

	Yes	No		Yes	No
Heat	☐	☐	Dust	☐	☐
Cold	☐	☐	Fumes	☐	☐
Dampness	☐	☐	Chemicals	☐	☐
Noise	☐	☐	Radiation	☐	☐

Total # of hours patient is capable of working per day: 12 ☐ 8 ☐ 6 ☐ 4 ☐ 2 ☐

Duration of restrictions _____ Care complete: Yes ☐ No ☐ Next appointment _____

Additional Comments:

_____

_____

_____

_____

_____ _____

Physician's Signature Date *(MM/DD/YYYY)*