



# Handicapped Child Attending Physician's Statement/ Behavioral Health Attending Physician's Statement

Please print the information requested, with the exception of the signature section.

**Employee Instructions:**

- Complete sections 1-3.

**Attending Physician Instructions:**

- Complete sections 4-6 and return the completed form to the employee.

**1. Employer Information**

Name (as shown on ID card)	Policy/Group Number
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**2. Employee Information**

Name	ID Number	Birth Date (MM/DD/YYYY)
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**3. Dependent Child Information**

Name	Birth Date (MM/DD/YYYY)
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**4. Physician's Statement**

For medical conditions, please complete section A below.  
 For behavioral health conditions, please complete sections A and B below.  
 For all conditions, you may refer to section C below, *Use of the Social Security Disability Guidelines*, to quantify an individual's disability or handicap.

**A. Medical and Behavioral Health conditions:**

I. **Diagnosis(es):** \_\_\_\_\_

II. **Date of onset of the handicap:** \_\_\_\_\_

III. **Objective findings that substantiate impairment:**  
 \_\_\_\_\_  
 \_\_\_\_\_

IV. **Please provide any additional clinical information that supports how the individual's handicap prevents employment (applicable to individuals over age 18):**  
 \_\_\_\_\_  
 \_\_\_\_\_

**B. Behavioral Health conditions , please provide:**

I. **The individual's IQ score \_\_\_\_\_ and,**

II. **A functional assessment. Include communication ability, presence of intrusive psychiatric symptoms, stability, response to treatment and prognosis (continue on a separate page if necessary):** \_\_\_\_\_  
 \_\_\_\_\_

**C. Use of the Social Security Disability Guidelines:**  
 To quantify an individual's disability or handicap, refer to the Social Security disability guidelines found at:  
**[www.ssa.gov/disability/professionals/bluebook/ChildhoodListings.htm](http://www.ssa.gov/disability/professionals/bluebook/ChildhoodListings.htm)** (for dependents age 18 and younger) **OR**  
**[www.ssa.gov/disability/professionals/bluebook/AdultListings.htm](http://www.ssa.gov/disability/professionals/bluebook/AdultListings.htm)** (for dependents over age 18).  
 Using the appropriate set of guidelines, select the individual's affected body system(s). If your patient qualifies, please document the corresponding "listing" from the guidelines under which the handicap(s) falls.  
**Note:** Satisfying the Social Security listing level impairment requirements does not ensure a determination of disability or handicap under the individual's Aetna plan. These Guidelines are only offered as a means to solicit submission of appropriate clinical information.

**Documentation on this form should include:**

I. **Diagnosis(es):** \_\_\_\_\_

II. **Listing number(s):** \_\_\_\_\_

*Documents and medical records showing how the individual qualifies under a Social Security Disability listing must be submitted with this form.*

**5. Attending Physician Contact Information (required)**

Attending Physician's Name, Telephone Number and Address (include street, city, state, zip code)	
Attending Physician's Signature (required)	Date

**6. Other Treating Physicians**

Please list the name, address and telephone number of other physicians or other health care providers you are aware of who are currently treating this individual for his or her mental or physical incapacity.

## 7. 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 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 and willfully presents a false or fraudulent claim for payment of a loss or benefit or who knowingly and 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.