

ATTENDING PHYSICIAN'S STATEMENT

*Prompt completion of this form in its entirety will expedite our evaluation of your patient's claim.
Fees for completing this form are not covered by the insurance and are the patient's responsibility.*

Patient name _____ Policy # _____ DOB ____ / ____ / ____

1. Are you this patient's PCP? ☐ yes ☐ no *If no, indicate your specialty* _____

2. Was this patient referred to another physician, specialist, or surgeon? ☐ yes ☐ no *If yes, please provide:*

Name _____ Telephone (____) _____ Specialty _____

3. Date you last saw this patient ____ / ____ / ____ Reason for visit _____

4. Diagnoses (or ICD-9 codes) necessitating need for care and dates of onset _____

5. Activity restrictions? ☐ yes ☐ no *If yes, list restrictions* _____

6. Care setting: ☐ Nursing home ☐ Personal residence
☐ Assisted living facility ☐ Adult day care
☐ Other _____

7. Services needed in above care setting: ☐ RN
Please check all that apply ☐ LPN
and indicate number of hours/day ☐ Certified aide (_____ hrs/day _____ days/week)
and days/week, where requested ☐ Homemaker (_____ hrs/day _____ days/week)
☐ Therapy: ☐ PT ☐ OT ☐ ST

8. Expected duration of care _____ days or _____ weeks

For your protection state insurance laws require the following to appear on this form: Any person who knowingly presents a false or fraudulent claim for payment of a loss is guilty of a crime and may be subject to fines and confinement in state prison. Please refer to the accompanying page for mandated state-specific fraud language.

X _____ / ____ / ____
Physician signature Date

Physician name _____ Telephone (____) _____

Street _____ Fax (____) _____

City _____ State _____ Zip _____

Penn Treaty Network America Insurance Company (In Rehabilitation)
(Penn Treaty Network America Life Insurance Company in California)
American Network Insurance Company (In Rehabilitation)

ATTN Claims Department :: PO Box 7066 :: Allentown, PA 18105-7066



FRAUD STATEMENT

For your protection, certain states require specific mandated fraud language to be included on all claim forms. Other states permit the use of a more generalized fraud statement.

California

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.

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.

New Jersey

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

New York

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.

Oregon

Any person who knowingly and with intent to defraud or solicit another to defraud an insurer: (1) by submitting an application, or (2) by filing a claim containing a false statement as to any material fact, may be violating state law.

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.

All Other States Not Listed Above

WARNING: 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 for payment of a loss or benefit containing any false, incomplete or misleading information, or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act and may be prosecuted under state law. Penalties may include imprisonment, fines, denial of insurance or insurance benefits, and civil damages. Insurance fraud is considered a felony offense in Delaware, Florida (third degree), Idaho, Indiana and Oklahoma.