

**Short-Term Care Insurance Claim Form**

Patient's name: \_\_\_\_\_

Birthdate: \_\_\_\_\_ Policy number: \_\_\_\_\_

**MENTAL AND COGNITIVE STATUS**

Is it your recommendation that our insured requires short-term care due to cognitive impairment as evidenced by one of the following clinical or standardized tests: short or long term memory; orientation as to person and time; deductive or abstract reasoning and judgement as related to safety awareness?  Yes  No

**NOTE:** If yes, please include a copy of the tests.

**ACTIVITIES OF DAILY LIVING (ADL's)**

|                           | Performs Completely Independently | Performs Independently Using Assistive Device | Able to Complete Only with Cueing or Supervision of Another Person | Requires Some Human Assistance with Certain Elements of Task | Requires Substantial Assistance from Another Person to Complete |
|---------------------------|-----------------------------------|---|--|--|---|
| Bathing/ Showering/Sponge |                                   |   |  |  |   |
| Transferring              |                                   |   |  |  |   |
| Continance Bladder/Bowel  |                                   |   |  |  |   |
| Eating                    |                                   |   |  |  |   |
| Toileting                 |                                   |   |  |  |   |
| Dressing                  |                                   |   |  |  |   |

**PHYSICIAN INFORMATION**

Diagnosis code(s): \_\_\_\_\_ Onset date: \_\_\_\_\_

Name and address of attending physician: \_\_\_\_\_

Physician signature: \_\_\_\_\_ Date: \_\_\_\_\_

I certify that the diagnosis and assistance required above are true and are supported in the medical record.

**NOTE:** Please attach Plan of Care

**FACILITY/AGENCY INFORMATION *if applicable***

Name: \_\_\_\_\_ License#: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Thank you for completing this form. Please fax it to 402-496-8199.

Please see our website, aarpshort-termcareinsurance.com, for additional copies of forms.

**For your protection state law requires the following statements to appear on this form.**

**FRAUD WARNING STATEMENT**

|   |   |
|---|---|
| <b>Alabama</b>                                    | Any person who knowingly presents 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.   |
| <b>Arkansas, Louisiana, and West Virginia</b>     | 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.  |
| <b>Colorado</b>                                   | 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. |
| <b>Florida</b>                                    | 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.   |
| <b>Kansas</b>                                     | Any person who knowingly and with intent to defraud or damage, files a claim containing false, incomplete or misleading information, may be guilty of insurance fraud as determined by a court of law. Use of the mail to defraud is a violation of federal law.  |
| <b>Kentucky</b>                                   | Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance 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.   |
| <b>Maine, Tennessee, Virginia, and Washington</b> | It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purposes of defrauding the company. Penalties include imprisonment, fines or denial of insurance benefits.   |
| <b>New Mexico</b>                                 | 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 criminal penalties.   |
| <b>Ohio</b>                                       | Any person who, with intent to defraud or knowing that he or she 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.  |
| <b>Oklahoma</b>                                   | Any person who knowingly, and with intent to injure, defraud or deceive, makes any claim for the proceeds of an insurance policy containing any false, incomplete or misleading information is guilty of a felony.  |
| <b>Oregon</b>                                     | Any person who knowingly and with intent to defraud or damage, files a claim containing false, incomplete or misleading information, may be in violation of state law. Use of the mail to defraud may be a violation of federal law.  |
| <b>Pennsylvania</b>                               | 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.   |
| <b>Residents of All Other States</b>              | <b>NOTICE: Any person who knowingly and with intent to defraud or damage, files a claim containing false, incomplete or misleading information, may be in violation of state law. Use of the mail to defraud is a violation of federal law.</b>   |

The furnishing of forms does not constitute an admission of liability on the part of the Company.