Long Term Disability Claim Form
Attending Physician Statement

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Anthem Life

SECTION 1: HISTORY

Patient name (last, first, M.I.)		Birthdate (MM/DD/YYYY)
Date symptoms first appeared or accident happened (MM/DD/YYYY)	Date patient ceased work because of disability (MM/DD/YYYY)	Has patient ever had same or similar condition? ☐ Yes ☐ No If yes, state when and describe:
Is condition due to injury or sickness arising out of patient's employment? ☐ Yes ☐ No ☐ Unknown	Names and addresses of other treating physicians	

SECTION 2: DIAGNOSIS (If disabling condition is due to a mental or nervous disorder.)

Diagnosis (including complications)	Subjective symptoms	If pregnancy, estimated date of delivery
Objective findings (including current X-rays, EKGs, laboratory data and any clinical findings)		

SECTION 3: TREATMENT

Date of first visit (MM/DD/YYYY)	Date of last visit (MM/DD/YYYY)	Frequency ☐ Weekly ☐ Monthly ☐ Other: _____
Nature of treatment (Including surgery and medications prescribed, if any)		

SECTION 4: PROGRESS

Patient's present condition	Is patient?	Is patient mentally competent to endorse checks and direct proceeds thereof?
☐ Recovered ☐ Improved ☐ Unchanged ☐ Regressed	☐ Ambulatory ☐ House confined ☐ Bed confined ☐ Hospital confined	☐ Yes ☐ No

Has patient been hospital confined? ☐ Yes ☐ No **If yes, please complete the following:**

Hospital name	Confined from (MM/DD/YYYY)	Through (MM/DD/YYYY)	
Hospital address	City	State	ZIP code

SECTION 5: CARDIAC

Functional capacity (American Heart Association)	Blood pressure last visit
☐ Class 1 (no limitations) ☐ Class 2 (slight limitations) ☐ Class 3 (marked limitations) ☐ Class 4 (complete limitations)	_____/_____ (systolic/diastolic)

SECTION 6: IMPAIRMENTS

Physical impairments (*As defined in *Federal Dictionary of Occupational Titles*.)

☐ Class 1 – No limitations of functional capacity; capable of heavy work* no restrictions (0-10%)
☐ Class 2 – Medium manual activity* (15-30%)
☐ Class 3 – Slight limitation of functional capacity; capable of light work* (35-55%)
☐ Class 4 – Moderate limitation of functional capacity; capable of clerical/administrative (sedentary*) activity (60-70%)
☐ Class 5 – Severe limitation of functional capacity; incapable of minimum (sedentary*) activity (75-100%)

Remarks:

Si usted necesita ayuda en Español para entender este documento, puede solicitarlo sin ningun costo adicional llamando al número de servicio al cliente que se encuentra en este documento.

SECTION 6: IMPAIRMENTS (continued)

Mental Impairments (if any):

a. Please define "stress" as it applies to this claimant and in light of his/her job requirements.

b. What stress and problems in interpersonal relations has claimant had on job?

- ☐ Class 1 – Patient is able to function under stress and engage in interpersonal relations (no limitations)
- ☐ Class 2 – Patient is able to function in most stress situations and engage in most interpersonal relations (slight limitations)
- ☐ Class 3 – Patient is able to engage in only limited stress situations and engage in only limited interpersonal relations (moderate limitations)
- ☐ Class 4 – Patient is unable to engage in stress situations or engage in interpersonal relations (marked limitations)
- ☐ Class 5 – Patient has significant loss of psychological, physiological personal and social adjustment (severe limitations)

SECTION 7: REHAB

Is patient a suitable candidate for occupational rehabilitation?

☐ 1 month ☐ 1-3 months ☐ 3-6 months ☐ Never

When could trial employment commence?

Patient's Own Job (MM/DD/YYYY)		Any Other Work (MM/DD/YYYY)	
	☐ Full-time ☐ Part-time		☐ Full-time ☐ Part-time

SECTION 8: ANY ADDITIONAL REMARKS

Limitations, therapy, etc.

Printed attending physician name	Degree	Phone no.	
Street address	City	State	ZIP code

Signature	Date (MM/DD/YYYY)
X	