

Mental Functional Capabilities Form

Claimant Name:

Claimant DOB: Claim #:

Please rate your patient on the specific mental tasks listed. For each task, the following ratings apply as defined below. If the rating is **moderate** or **severe**, please provide clinical evidence to support this rating in the comments. If you're **unable to rate**, please provide the clinical evidence necessary to evaluate for this function in the comments.

- **(0) No evidence of limitation:** This means, the patient doesn't demonstrate any limitation in this task.
- **(1) Mild limitation:** This means, the patient occasionally demonstrates a limitation in this task. They may perform this task most of the time.
- **(2) Moderate limitation:** This means, the patient frequently demonstrates a limitation in this task. They may perform this task some of the time.
- **(3) Severe limitation:** This means, the patient consistently demonstrates a limitation in this task. They're unable to successfully perform this task on a consistent or routine basis.
- **(UR) Unable to rate:** This means, there isn't enough information to determine whether the patient has a limitation in this area of function.

General Neurocognitive Functioning	0	1	2	3	UR
The ability to reason, solve problems, and meet cognitive demands of varied complexity (simple/routine vs. detailed).	☐	☐	☐	☐	☐
The ability to understand spoken or written language, communicate thoughts, and follow directions.	☐	☐	☐	☐	☐
The ability to learn and remember new information such as words, instructions, or procedures.	☐	☐	☐	☐	☐
The ability to sustain focus or attention in a work environment with ordinary distractions.	☐	☐	☐	☐	☐
The ability to respond to questions, and process information.	☐	☐	☐	☐	☐
The ability to plan, prioritize, organize, sequence, initiate, or execute multi-step procedures or tasks.	☐	☐	☐	☐	☐

Comments related to General Neurocognitive Functioning:

Interpersonal Functioning	0	1	2	3	UR
The ability to interact with others to discuss ideas and convey information through speaking, listening, writing, and non-verbal communication.	☐	☐	☐	☐	☐
The ability to accept instructions and respond appropriately to feedback from supervisors or peers.	☐	☐	☐	☐	☐
The ability to navigate social interactions to respond appropriately to social cues, state their point of view, or ask for help when needed.	☐	☐	☐	☐	☐
The ability to direct, supervise, or plan the activities of others.	☐	☐	☐	☐	☐
The ability to persuade or motivate people to change their attitudes, opinions, or participate in activities.	☐	☐	☐	☐	☐

Comments related to Interpersonal Functioning:

Initiative and Persistence	0	1	2	3	UR
The ability to perform activities within a schedule, maintain regular attendance, and be punctual with customary tolerances.	☐	☐	☐	☐	☐
The ability to start and perform tasks once explained without special supervision.	☐	☐	☐	☐	☐
The ability to work in coordination with or proximity to others without being distracted by them.	☐	☐	☐	☐	☐
The ability to complete tasks and perform at a consistent pace without excessive breaks.	☐	☐	☐	☐	☐
The ability to perform work requiring adherence to exact levels of performance or as it relates to data, such as coordinating or compiling information, or things, such as operating or setting up machines and equipment.	☐	☐	☐	☐	☐

Comments related to Initiative and Persistence:

Self-Management	0	1	2	3	UR
The ability to maintain socially appropriate behavior and to adhere to basic standards of neatness and cleanliness.	☐	☐	☐	☐	☐
The ability to be aware of normal hazards and take appropriate precautions for self or others, as needed.	☐	☐	☐	☐	☐
The ability to inhibit socially disruptive behaviors, e.g., loud speech, emotional outbursts, interruptions, etc.	☐	☐	☐	☐	☐
The ability to travel in unfamiliar places or use public transportation.	☐	☐	☐	☐	☐
The ability to set realistic goals or make plans independently of others.	☐	☐	☐	☐	☐

Comments related to Self-Management:

Provider Name:

Provider Signature:

Date: **Provider Specialty:**

Provider Phone #: **Provider Fax #:**

Fraud Warning Statements

The laws of several states require the following statements to appear on the claim form:

Alabama: 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.

Alaska: A person who knowingly and with intent to injure, defraud, or deceive an insurance company files a claim containing false, incomplete, or misleading information may be prosecuted under state law.

Arkansas, West Virginia: 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.

Arizona: For your protection Arizona law requires the following statement to appear on this form. Any person who knowingly presents a false or fraudulent claim for payment of a loss is subject to criminal and civil penalties.

California: For your protection California law requires the following to appear on this form: Any person who knowingly presents false or fraudulent information to obtain or amend insurance coverage or to make a 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.

Connecticut, Iowa, Nebraska and Oregon: Any person who knowingly, and with intent to defraud any insurance company or other person, files an application of insurance or statement of claim containing any materially false information or conceals, for the purpose of misleading, information concerning any fact material thereto, may be guilty of a fraudulent insurance act, which may be a crime, and may also be subject to civil penalties.

Delaware, Indiana and Oklahoma: WARNING: Any person who knowingly, and with the 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.

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.

Florida: 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.

Idaho: Any person who knowingly, and with intent to defraud or deceive any insurance company, files a statement of claim containing any false, incomplete, or misleading information is guilty of a felony.

Kansas: Any person who knowingly, and with intent to defraud any insurance company or other person, files an application of insurance or statement of claim containing any materially false information or conceals, for the purpose of misleading, information concerning any fact material thereto, may be guilty of insurance fraud as determined by a court of law.

Kentucky: 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.

Louisiana and Texas: Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit is guilty of a crime and may be subject to fines and confinements in state prison.

New Mexico: Any person who knowingly presents a false or fraudulent claim for payment or 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 or denial of insurance benefits.

Maine, Tennessee and Washington: 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 a denial of insurance benefit.

Maryland: Any person who knowingly or willfully presents a false or fraudulent claim for payment of a loss or benefit or 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.

Minnesota: A person who files a claim with intent to defraud or helps commit a fraud against an insurer is guilty of a crime.

New Hampshire: Any person who, with a purpose to injure, defraud or deceive any insurance company, files a statement of claim containing any false, incomplete or misleading information is subject to prosecution and punishment for insurance fraud, as provided in N.H. Rev. Stat. Ann. § 638:20.

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.

Ohio: Any person who with intent to defraud or knowing that he/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.

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.

Rhode Island: Any person who knowingly and willfully presents a false or fraudulent claim for payment of a loss or benefit or 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.

Vermont: It is a crime for any person knowingly to provide material false, incomplete, or misleading information to an insurance company for the purpose of defrauding the company, for any person knowingly to provide material false, incomplete, or misleading information concerning the sale of insurance or the status of an insurer, or for any person to misappropriate the funds of an insured or an applicant for insurance. Penalties include imprisonment, fines, and denial of insurance benefits.

Virginia: 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.