

Group Life Claims, P.O. Box 14334, Lexington, KY 40512

Customer Service: (800) 525-4542; Fax: (610) 807-8266

Documents can be returned electronically at www.guardianlife.com/forms-and-claims. Select the "Benefits through an employer" option, select your plan type, and click the "Send a document" link to send your private information.

Name:

D.O.B.:

Claim #:

Plan #:

Please complete the following:

1. Chief behavioral health complaint:
2. Diagnosis: (DSM-V): 1) 2) 3)
3. Psychosocial, environmental, contextual factors (DSM-V):
4. Symptom severity (Mild / Moderate / Severe):
5. History of present condition: a. Date of onset for this condition / / b. Date you first treated patient for this condition / / c. Date of last office visit: / / Date of next office visit: / /
6. History of past psychiatric condition: ☐ Yes ☐ No If yes please explain:
7. History of substance abuse: ☐ Yes ☐ No If yes please explain:
8. Did you advise patient to: a. Reduce work hours? ☐ Yes ☐ No If yes, as of what date? / / b. Cease work? ☐ Yes ☐ No If yes, as of what date? / / c. Work with restrictions? ☐ Yes ☐ No If yes, as of what date? / / What are patient's recommended restrictions and limitations? Expected duration of restrictions and limitations
9. Recent test results or other rating scale score (please specify test, scale, or measure used): Date tested: / / Summary of findings:
10. Objective clinician observations of patient behaviors, affect / mood, and cognitive status :
11. Subjective complaints reported by patient:
12. Current mental health medications (Please specify dose and frequency if known) :
13. Referral to other provider (reason for referral, name, phone, fax, specialty):

Name:

Claim #:

14: Current treatment plan:

- a. Treatment goals:
- b. Goals for return to work:
- c. Type of treatment(s):
- d. Frequency of treatment(s):

Expected duration of treatment(s):

15. Vocational Prognosis/Return to work:

☐ Able to return to work (complete section below) ☐ Not able to return to work

PT FT

☐ ☐ Usual occupation

Date / /

☐ ☐ Other occupation

Date / /

16. If not capable of return to work, what are the ongoing signs and symptoms that support the need to remain out of work at this time?

What is the anticipated date for return to work? / /

17. Are there any recommended accommodations or modifications to consider in assisting return to work? Please describe:

18. How would you rate the current degree of psychological impairment?

- ☐ No medically determinable impairment to social/occupational functioning.
- ☐ Minimal impairment - Mild or transient symptoms with expected reaction to social/ occupational stressors. Minimal symptoms or difficulty in social or occupational functioning.
- ☐ Mild impairment - some symptoms or difficulty in social or occupational functioning. Limited in performing some occupational duties or engaging in some interpersonal relationships.
- ☐ Moderate impairment – moderate symptoms or difficulty in social or occupational functioning. Limited in performing some occupational duties or engaging in some interpersonal relationships.
- ☐ Major impairment - Major symptoms or difficulty in several areas including: social, occupational, family. Unable to perform occupational duties or engage in interpersonal relationships.
- ☐ Total impairment - Inability to function in almost all areas.

Do you believe patient is competent to endorse checks and direct the use of the proceeds? ☐ Yes ☐ No

19. Any additional comments/notes on your clinical impression of the patient and effectiveness of treatment to date:

***** Please provide office visit notes from ____ to ____**

Clinician Signature _____

Date: _____

Clinician Name: _____
(please print)

Specialty: _____

Address: _____

Phone: () _____ - _____ Fax: () _____ - _____ Email: _____

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 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 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.