



Handicapped Child Attending Physician's Statement/ Behavioral Health Attending Physician's Statement

Please print the information requested, with the exception of the signature section.

Employee Instructions:

- Complete Sections 1-3.

Attending Physician Instructions:

- Complete Sections 4-6 and return the completed form to employee.

1. Employer Information

| | |
|----------------------------|---------------------|
| Name (as shown on ID card) | Policy/Group Number |
|----------------------------|---------------------|

2. Employee Information

| | | |
|------|-----------|-------------------------|
| Name | ID Number | Birth Date (MM/DD/YYYY) |
|------|-----------|-------------------------|

3. Dependent Child Information

| | |
|------|-------------------------|
| Name | Birth Date (MM/DD/YYYY) |
|------|-------------------------|

4. Physician's Statement

HANDICAPPED CHILD SECTION:

To quantify a dependent child's (age 18 and younger) disability or handicap, Aetna follows Social Security Disability guidelines found at: <http://www.ssa.gov/disability/professionals/bluebook/ChildhoodListings.htm>

Using this link, please select the individual's affected body system(s). If your patient qualifies, please document the corresponding "Listing" from the guidelines under which the handicap(s) falls. Please see example below.

Example: Your pediatric patient (age 16) has a diagnosis of a hearing impairment with speech discrimination scores at 40 percent or less in the better ear. Go to <http://www.ssa.gov/disability/professionals/bluebook/ChildhoodListings.htm> and select **102.00 Special Senses and Speech**. Scroll to "102.08, Hearing Impairments" and click. This will bring you to a list of the impairments that are necessary to support the disability. From this list, choose the description of the hearing impairment. In this example, "2. Speech discrimination scores at 40 percent or less in the better ear" would be the appropriate choice.

102.08 B - For children 5 years of age and above at time of adjudication:

1. Inability to hear air conduction thresholds at an average of 70 decibels (db) or greater in the better ear; or
2. Speech discrimination scores at 40 percent or less in the better ear; or
3. Inability to hear air conduction thresholds at an average of 40 decibels or greater in the better ear, and a speech and language disorder which significantly affects the clarity and content of the speech and is attributed to the hearing impairment.

Documentation on this form would include:

- I. Diagnosis(es): Hearing impairment with speech discrimination scores at 40 percent or less in the better ear.
- II. Listing number(s): 102.08-2. *Please note, in this specific example, supporting documentation of an audiogram would need to be submitted with this form. Documents and medical evidence of record showing how the individual qualifies under a Social Security Disability listing must be submitted with this form.*

BEHAVIORAL HEALTH SECTION:

To qualify for a **behavioral health** disability or handicap for individuals of any age:

- Please provide the individual's IQ score _____, and
- Please provide a functional assessment. Include communication ability, presence of intrusive psychiatric symptoms, stability, response to treatment and prognosis (continue on a separate page if necessary).

FOR ALL SUBMISSIONS (HANDICAPPED CHILD and BEHAVIORAL HEALTH):

Attending Physician, please complete the following information for this individual.

- I. **Diagnosis(es)** _____
- II. **a. Handicapped Child: Listing number(s)** _____ *or,*
b. Behavioral Health: Objective findings that substantiate impairment:

5. Attending Physician Information

| | |
|--|------|
| Attending Physician's Name, Telephone Number and Address (include street, city, state, zip code) | |
| Attending Physician's Signature (required) | Date |

6. Other Treating Physicians

Please list the name, address and telephone number of other physicians or other health care providers you are aware of who are currently treating this individual for his or her mental or physical incapacity.

7. Misrepresentation

Attention California, Ohio, Pennsylvania Residents and Residents of states not specified below: 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 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.

Attention Arkansas, Louisiana and West Virginia Residents: 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.

Attention Colorado Residents: 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.

Attention Florida Residents: 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.

Attention Kansas Residents: Any person who knowingly and with intent to injure, defraud or deceive any insurance company or other person submits an enrollment form for insurance or statement of claim containing any materially false information or conceals, for the purpose of misleading, information concerning any fact material thereto may have violated state law.

Attention Kentucky Residents: 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 may subject such person to criminal and civil penalties.

Attention Maine and Tennessee Residents: 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 denial of insurance benefits.

Attention New Jersey Residents: Any person who includes any false or misleading information on an application for an insurance policy or knowingly files a statement of claim containing any false or misleading information is subject to criminal and civil penalties.

Attention New York Residents: 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 be subject to a civil penalty not to exceed five thousand dollars (\$5,000) and the stated value of the claim for each violation.

Attention North Carolina Residents: 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 containing any materially false information or conceals, for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which may be a crime and subjects such person to criminal and civil penalties.

Attention Oklahoma Residents: WARNING: Any person who knowingly, and with 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.

Attention Oregon Residents: Any person who with intent to injure, defraud or deceive any insurance company or other person submits an enrollment form for insurance or statement of claim containing any materially false information or conceals for the purpose of misleading, information concerning any fact material thereto may have violated state law.

Attention Puerto Rico Residents: Any person who knowingly and with the intention to defraud includes false information in an application for insurance or file, assist or abet in the filing of a fraudulent claim to obtain payment of a loss or other benefit, or files more than one claim for the same loss or damage, commits a felony and if found guilty shall be punished for each violation with a fine of no less than five thousand dollars (\$5,000), not to exceed ten thousand dollars (\$10,000); or imprisoned for a fixed term of three (3) years, or both. If aggravating circumstances exist, the fixed jail term may be increased to a maximum of five (5) years; and if mitigating circumstances are present, the jail term may be reduced to a minimum of two (2) years.

Attention Vermont Residents: 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 containing any materially false information or conceals, for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which may be a crime and may subject such person to criminal and civil penalties.

Attention Virginia Residents: 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 containing any materially false information or conceals, for the purpose of misleading, information concerning any fact material thereto commits a fraudulent act, which is a crime and subjects such person to criminal and civil penalties.

Attention Washington Residents: 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.