



Lincoln Financial Group  
Disability and Life Claims  
PO Box 2578  
Omaha, NE 68172-9688  
Phone No.: (800) 210-0268  
Secure Fax No.: (603) 334-0401

July 29, 2022

Dr. Jairo Ulerio

RE: Short Term Disability (STD) Benefits  
Winn Management Company Inc.  
Claim #: 13015963  
Claimant: Daniela Garcia  
Claimant D.O.B.: April 10, 1984

Dear Dr. Jairo Ulerio:

We are the Disability Claim Administrator for your patient, Daniela Garcia.

To evaluate Ms. Garcia's eligibility for disability benefits and to help facilitate a return to work, when appropriate, we are requesting the following information:

- Office treatment notes, test results, prescription histories, and treatment plans from July 1, 2022 through the present
- Completion of the Enclosed Forms:

☒ Attending Physician's Statement  
☐ Other

We ask that you provide this information by August 4, 2022. Failure to provide the requested information may result in an adverse benefit or claim determination. The information can be faxed to our office at our secure fax number (603) 334-0401 or mailed to the above address.

If prepayment is required, please fax an invoice indicating the number of pages, federal tax ID# and amount due.

Although HIPAA does not apply to disability insurance carriers, we understand your responsibilities under HIPAA as a health care provider, and our associated responsibility of ensuring this information is protected against deliberate or inadvertent misuse or disclosure.

If you have any questions regarding this matter, please contact me.

Sincerely,

Allison Pouliotte

Disabil Claims Case Mgr Assoc

Phone No.: (800) 210-0268 Ext. 16088

Secure Fax No.: (603) 334-0401

Attachments: Attending Physician's Statement



## Attending Physician's Statement

Lincoln Financial Group  
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Phone No.: (800) 210-0268  
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Return To: Allison Pouliotte

To be completed by treating provider:

### 1. Patient Information

<input type="text" value="Daniela"/>	<input type="text"/>	<input type="text" value="Garcia"/>	<input type="text" value="13015963"/>
Full Name (First)	(M.I.)	(Last Name)	Claim Number
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Height	Weight	Blood Pressure	Employer Name

### 2. Diagnosis

<input type="text"/>	<input type="text"/>				
Primary ICD diagnostic Code <b>(Required)</b>	Primary ICD diagnosis Description				
<input type="text"/>	<input type="text"/>				
Secondary ICD Diagnosis Code	Secondary ICD Diagnosis Description				
<b>Pregnancy</b>	<input type="text" value="___/___/___"/>	<input type="text" value="___/___/___"/>	<input type="text" value="___/___/___"/>	<input type="checkbox"/> Vaginal	<input type="checkbox"/> C-Section
	First Treated	Estimated Delivery	Date of Delivery		

Symptoms

Objective Findings (Include copies of any x-rays, laboratory data, EKG's, MRI's, scans and any clinical findings)

### 3. Disability Circumstances - Check if applicable

☐ Illness ☐ Injury ☐ Work Related

If work related or injury, summarize circumstances

Date of:

<input type="text" value="___/___/___"/>	<input type="text" value="___/___/___"/>	<input type="text" value="___/___/___"/>
Symptoms first Appeared	Reduced Ability to work	Advised to stop work
<input type="text" value="___/___/___"/>	<input type="text" value="___/___/___"/>	<input type="text" value="___/___/___"/>
Initial Treatment	Most Recent Treatment	Next Treatment
Dates hospital confined: <input type="text" value="___/___/___"/> to <input type="text" value="___/___/___"/>		

Lincoln Financial Group is not responsible for charges incurred due to completion of this form. The patient is responsible for any charges associated with form completion.

(Please see FRAUD NOTICES attached)

Lincoln Financial Group is the marketing name for Lincoln National Corporation and its affiliates.

**4. Limitations and Restrictions**

Restrictions (what the patient SHOULD NOT do)

Limitations (what the patient CANNOT do)

**Indicate frequency per day the listed activities below can be used performed using:**  
N= Never 0% O= Occasionally <33% F= Frequently 34%-66% C= Continuously 67% -100%**Lifting/Carrying**

1-5 lbs. _____	Standing _____	Crouching _____	Overhead _____
6-10 lbs. _____	Walking _____	Crawling _____	Desk Level _____
11-25 lbs. _____	Sitting _____	Grasping _____	Below Waist _____
26-50 lbs. _____	Balancing _____	Climbing _____	
51-100 lbs. _____	Stooping _____	Pushing _____	
100 + lbs. _____	Kneeling _____	Pulling _____	
	Fingering _____	Bending _____	

**Reaching****Activities of Daily Living**

If patient cannot complete these activities of Daily living indicate, when they were first unable to do so. (M/D/Y)

Continence \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Dressing \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Transferring \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Bathing \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Toileting \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Eating \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

What job modifications would allow the patient to return to work?

**5. Treatment**

Describe current and recommended treatment plans including any completed or future surgeries. (Include dates)

**6. Prognosis**

Describe the patients prognosis for recovery

**7. Physician's Information**

Name

Street Address

City

State

Zip Code

Date patient experienced loss of

Cognitive Functioning: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Describe ongoing treatment frequency

Patient able to return to work Full-Time on:

\_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ to \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

If a specific date is unavailable, please provide a date range you expect a fundamental or marked change.

Phone Number

Fax Number

Signature

Date

**FRAUD NOTICES. For your protection, certain states require that the following notices appear on this 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.

**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.

**Arkansas, Louisiana, Rhode Island and 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.

**California.** For your protection California law requires the following to appear on this form: Any person who knowingly presents a false or fraudulent 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.

**Delaware.** Any person who knowingly, and with intent to injure, defraud or deceive any insurer, files a statement of claim containing any false, incomplete or misleading information is guilty of a felony.

**District of Columbia.** 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 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 or claim containing any false, incomplete or misleading information is guilty of a felony.

**Indiana.** A person who knowingly and with intent to defraud an insurer files a statement of claim containing any false, incomplete, or misleading information commits a felony.

**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.

**Maine.** 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 benefits.

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

**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 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 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.

**Oklahoma.** 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.

**Oregon.** Any person who knowingly and with intent to defraud any insurance company or other person: (1) files an application for insurance or statement of claim containing any materially false information; or, (2) conceals for the purpose of misleading, information concerning any material fact, may have committed a fraudulent insurance act.

**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.

**Puerto Rico.** Any person who knowingly and with the intention of defrauding presents false information in an insurance application, or presents, helps, or causes the presentation of a fraudulent claim for the payment of a loss or any other benefit, or presents more than one claim for the same damage or loss, shall incur a felony and, upon conviction, shall be sanctioned for each violation by a fine of not less than five thousand dollars (\$5,000) and not more than ten thousand dollars (\$10,000), or a fixed term of imprisonment for three (3) years, or both penalties. Should aggravating circumstances be present, the penalty thus established may be increased to a maximum of five (5) years, if extenuating circumstances are present, it may be reduced to a minimum of two (2) years.

**Tennessee, Virginia, 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 include imprisonment, fines and denial of insurance benefits.

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

**FOR ALL OTHER STATES EXCLUDING CONNECTICUT AND KANSAS.** A person may be committing insurance fraud, if he or she submits an application or claim containing a false or deceptive statement with intent to defraud (or knowing that he or she is helping to defraud) an insurance company.