

# Attending Physicians Statement

## Principal Life Insurance Company

711 High Street, Des Moines, IA 50392

Call: 800-422-3788

Fax: 866-317-4526

Email: [IndividualDisabilityClaims@exchange.principal.com](mailto:IndividualDisabilityClaims@exchange.principal.com)



Insured's Name: \_\_\_\_\_ Policy #: \_\_\_\_\_ DOB: \_\_\_\_\_

Patient's diagnosis: \_\_\_\_\_

List all ICD-10 Diagnosis Code(s): \_\_\_\_\_

Associated complications: \_\_\_\_\_

Patient's subjective symptoms: \_\_\_\_\_

Patient's objective findings (including types of tests performed and results): \_\_\_\_\_

What is the patient's current treatment? \_\_\_\_\_

Has the patient had any previous occurrences of this condition? ☐ Yes ☐ No If so, please provide dates and details and describe past treatment, including any surgical procedures: \_\_\_\_\_

Does the patient have any chronic or recurring condition(s) not noted above? ☐ Yes ☐ No Please provide details or any other remarks: \_\_\_\_\_

Date/Type of Surgery (if applicable): \_\_\_\_\_

Was the patient hospitalized within the past 12 months? ☐ Yes ☐ No

If yes, please indicate the dates and hospital:

Date(s): \_\_\_\_\_ Hospital: \_\_\_\_\_

Date(s): \_\_\_\_\_ Hospital: \_\_\_\_\_

Does the patient have a co-morbid condition(s) that would impact their ability to work? ☐ Yes ☐ No

If yes, please list the co-morbid condition(s): \_\_\_\_\_

Have you referred the patient to another physician or therapist? ☐ Yes ☐ No If yes, please indicate:

Name: \_\_\_\_\_ Phone number: \_\_\_\_\_

What was the date of the patient's first visit? \_\_\_\_\_

Is the patient still under your care? ☐ Yes ☐ No

If yes, what is the date of the patient's next visit? \_\_\_\_\_ Frequency of visits: \_\_\_\_\_

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

Have you placed any restrictions or limitations on the patient's work activities? ☐ Yes ☐ No

Date restrictions began: \_\_\_\_\_ Date restrictions ended or will end: \_\_\_\_\_

Please list specific restrictions and limitations: \_\_\_\_\_

Do you expect the patient will recover sufficiently to return to work? ☐ Yes ☐ No

If yes, from the date of this form, when will the patient recovery sufficiently to return to work?

☐ 1 month ☐ 1-3 months ☐ 4-6 months On date: \_\_\_\_\_

If no, please explain: \_\_\_\_\_

Insured's Name: \_\_\_\_\_ Policy #: \_\_\_\_\_ DOB: \_\_\_\_\_

Please complete the chart below regarding the patient's ability to complete the following activities in 8-hour work day.

Occasionally: up to 3 hours of an 8-hour day or 1-12 times per hour		Frequently: 3 to 6 hours of an 8-hour day or up to 12 to 60 times per hour		Continuously: 6 to 8 hours of an 8-hour day or 60 times per hour
	Never	Occasionally	Frequently	Continuously
Sitting	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Standing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Walking	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Lifting	<input type="checkbox"/>	lbs.	lbs.	lbs.
Carrying	<input type="checkbox"/>	lbs.	lbs.	lbs.
Traveling	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

List out medications with dosage and start date:

Medication	Dosage	Frequency	Start Date

Whether you are a New York resident or not, please sign and date below. If you are a resident of another state, please see the attached list of state specific fraud statements.

**New York Fraud Statement:** Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim contacting any materially false 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.

Physician's name (print): \_\_\_\_\_ Degree: \_\_\_\_\_ Specialty: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Physician's signature: \_\_\_\_\_ Date: \_\_\_\_\_

## FRAUD STATEMENTS

### Non- State Specific Fraud Statement

Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

### 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

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 policy holder or claimant for the purpose of defrauding or attempting to defraud the policy holder 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

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.

<b>Indiana</b>
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.
<b>Kentucky</b>
Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance 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.
<b>Louisiana</b>
<b>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.</b>
<b>Maine</b>
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.
<b>Minnesota</b>
A person who files a claim with intent to defraud or helps commit a fraud against an insurer is guilty of a crime.
<b>New Hampshire</b>
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 New Hampshire law.
<b>New Jersey</b>
Any person who knowingly files a statement of claim containing any false or misleading information is subject to criminal and civil penalties.
<b>New Mexico</b>
<b>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.</b>
<b>North Carolina</b>
Any person who, with the intent to injure, defraud, or deceive an insurer or insurance claimant: <ol style="list-style-type: none"> <li>1. Presents or causes to be presented a written or oral statement, including computer-generated documents as part of, in support of, or in opposition to, a claim for payment or other benefit pursuant to an insurance policy, knowing that the statement contains false or misleading information concerning any fact or matter material to the claim, or</li> <li>2. Assists, abets, solicits, or conspires with another person to prepare or make any written or oral statement that is intended to be presented to an insurer or insurance claimant in connection with, in support of, or in opposition to, a claim for payment or other benefit pursuant to an insurance policy, knowing that the statement contains false or misleading information concerning a fact or matter material to the claim is guilty of a Class H felony.</li> </ol>
<b>Ohio</b>
Any person who, with intent to defraud or knowing that they are facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement <b>is</b> guilty of insurance fraud.

<b>Oklahoma</b>
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.
<b>Oregon</b>
Any person who, with intent to defraud or knowing that they are facilitating a fraud against an Insurer, submits and application or files a claim containing a false or deceptive statement may be guilty of insurance fraud.
<b>Pennsylvania</b>
<b>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.</b>
<b>Rhode Island</b>
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.
<b>Tennessee</b>
It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purposes of defrauding the company. Penalties include imprisonment, fines and denial of coverage.
<b>Texas</b>
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.
<b>Virginia</b>
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.
<b>Washington</b>
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.