

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

Please print the information requested, and sign the form.

Applies to:

Aetna plans

**All health benefit and insurance plans offered and/or underwritten by Innovation Health Plan, Inc.,
and Innovation Health Insurance Company**

All health benefits and health insurance plans offered, underwritten and/or administered by

**Banner Health and Aetna Health Insurance Company and/or Banner Health and
Aetna Health Plan Inc. (Banner | Aetna)**

**Texas Health + Aetna Health Insurance Company and/or Texas Health +
Aetna Health Plan Inc. (Texas Health Aetna)**

Allina Health and Aetna Health Insurance Company (Allina Health | Aetna)

Sutter Health and Aetna Administrative Services LLC (Sutter Health | Aetna)



Subscriber instructions:

- Complete sections 1-3.

Attending doctor instructions:

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

1. Employer information

Name (as shown on ID card)	Health Plan Policy/Group number
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2. Subscriber information

Name	Health Plan ID number	Birth date (MM/DD/YYYY)
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3. Dependent child information

Name	Birth date (MM/DD/YYYY)
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4. Doctor's statement

For medical conditions, please complete section A below.
For behavioral health conditions, please complete sections A and B below.
For all conditions, you may refer to section C below, *Use of the Social Security Disability Guidelines*, to quantify an individual's disability.

A. Medical and behavioral health conditions:

I. **Diagnosis(es):** _____

II. **Date of onset of the disability:** _____

III. **Objective findings that substantiate impairment:**

IV. **Please provide any additional clinical information that supports how the individual's disability prevents employment (applicable to individuals over age 18):**

B. Behavioral health conditions , please provide:

I. **The individual's IQ score** _____ **and,**

II. **A functional assessment. Include communication ability, presence of intrusive psychiatric symptoms, stability, response to treatment and prognosis** (continue on a separate page if necessary): _____

C. Use of the Social Security disability guidelines:

To quantify an individual's disability, refer to the Social Security disability guidelines found at:

www.ssa.gov/disability/professionals/bluebook/ChildhoodListings.htm (for dependents age 18 and younger) **OR**

www.ssa.gov/disability/professionals/bluebook/AdultListings.htm (for dependents over age 18).

Using the appropriate set of guidelines, select the individual's affected body system(s). If your patient qualifies, please document the corresponding "listing" from the guidelines under which the disability(s) falls.

Note: Satisfying the Social Security listing level impairment requirements does not ensure a determination of disability under the individual's Aetna plan. These guidelines are only offered as a means to solicit submission of appropriate clinical information.

Documentation on this form should include:

I. **Diagnosis(es):** _____

II. **Listing number(s):** _____

Documents and medical records showing how the individual qualifies under a Social Security disability listing must be submitted with this form.

5. Attending doctor contact information (required)

Attending doctor's name, telephone number and address (include street, city, state, ZIP code)	
Attending doctor's signature (required)	Date

6. Other treating doctors

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

7. Misrepresentation

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 Alabama Residents: 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. **Attention Arkansas, District of Columbia, Rhode Island 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 California Residents:** For your protection California law requires notice of 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. **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 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. **Attention Louisiana 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 is guilty of a crime and may be subject to fines and confinement in prison. **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 Maryland Residents:** 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. **Attention Missouri 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, denial of insurance and civil damages, as determined by a court of law. Any person who knowingly and with intent to injure, defraud or deceive an insurance company may be guilty of fraud as determined by a court of law. **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 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 Ohio Residents:** 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. **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 Pennsylvania 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 subjects such person to criminal and civil penalties. **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 Texas 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 intentional misrepresentation of material fact or conceals, for the purpose of misleading, information concerning any fact material thereto may commit a fraudulent insurance act, which may be a crime and may subject such person to criminal and civil penalties. **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. **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 and the stated value of the claim for each violation.

Patient/Member Signature:

Date:

Aetna and its affiliates comply with applicable Federal civil rights laws and does not unlawfully discriminate, exclude or treat people differently based on their race, color, national origin, sex, age, or disability.

Aetna and its affiliates provide free aids/services to people with disabilities and to people who need language assistance.

If you need a qualified interpreter, written information in other formats, translation or other services, call the number on your ID card.

If you believe we have failed to provide these services or otherwise discriminated based on a protected class noted above, you can also file a grievance with the Civil Rights Coordinator by contacting:

Civil Rights Coordinator,

P.O. Box 14462, Lexington, KY 40512 (CA HMO customers: PO Box 24030 Fresno, CA 93779),

1-800-648-7817, TTY: 711,

Fax: 859-425-3379 (CA HMO customers: 860-262-7705), CRCoordinator@aetna.com.

You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights Complaint Portal, available at <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>, or at: U.S. Department of Health and Human Services, 200 Independence Avenue SW., Room 509F, HHH Building, Washington, DC 20201, or at 1-800-368-1019, 800-537-7697 (TDD).

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Hmong	Yog xav tau kev pab txhais lus Hmoob hu dawb tau rau tus xov tooj ntawm koj daim npav.
Igbo	Maka enyemaka asụsụ n' ịgbò kpọọ nọmba edèputàrà na kaadi njirimara gi na agwụghị ụgwọ ọ bụla.
Ilocano	Para iti language assistance para iti Ilocano awagan ti numero a nakalista ayan iti ID kard yo nga awanan ti bayadna.
Italian	Per ricevere assistenza linguistica in italiano, può chiamare gratuitamente il numero riportato sulla Sua scheda identificativa.
Japanese	日本語でのアシストは、IDカードに記載の番号に無料でお電話ください。
Karen	လၢကျိၣ်တၢ်မၤစၢၤ လၢကညိကျိၣ်အဂီၢ် ကိးလိတဲစိနီၣ်ဂီၢ်တၢ်ကွဲးလိယၢ်လၢနတၢ်မၤနီၣ်မၤယၢ်ခးအလိၤ လၢတအိၣ်ဒီးတၢ်လၢတီၢ်တၢ်တၢ်န့ၣ်တက့ၢ်.
Korean	한국어로 언어 지원을 받고 싶으시면 보험 ID 카드에 수록된 무료 통화 번호로 전화해 주십시오.
Kru-Bassa	'Bé m̄ ké gbo-kpá-kpá dyé dé Bāsóò wùdùùn w̄ɛɛ, dá nòbà b̄é ɔ cééà b̄ó nì dyí-dyoìn-b̄éé k̄ōɛ b̄ó pídyi.
Kurdish	بو هاریکاری زمان تایبعت به زمانی خۆت په یوهندی بکمن به ژماره ی بی برامبیری نووسراو له کارت ی پیناسی خۆتاندا.
Laotian	ສຳລັບການຊ່ວຍເຫຼືອເປັນພາສາຂອງທ່ານ, ໃຫ້ໂທຫາເບີຢູ່ໃນບັດປະຈຳຕົວຂອງທ່ານໄດ້ໂດຍບໍ່ເສຍຄ່າ.
Marathi	मराठीतील भाषा साहाय्यासाठी तुमच्या आयडी कार्डवर सूचीबद्ध करण्यात आलेल्या क्रमांकावर मोफत कॉल करा.
Marshallese	Ñan bōk jipañ ilo Kajin Majel kwōn kallok nōm̄ba eo me ej waļok ilo kaat in ID eo am̄ ilo ejjelok wōṇean.
Mon-Khmer, Cambodian	សម្រាប់ជំនួយជាភាសាខ្មែរ សូមទូរសព្ទតាមលេខដែលមាននៅលើប័ណ្ណសម្គាល់សមាជិករបស់អ្នកដោយឥតគិតថ្លៃ។
Navajo	<i>Naaltsoos bee néhózinigo nanitinígíí béésh bee hane'é numbo bikáá'ígíí áajį' hoodilne' díí saad bee yá'át'igo bee nika' adoolwołígíí éí t'áá ník'e Diné bizaadjí níl ádoolniil.</i>
Nepali	नेपालीमा भाषासम्बन्धी सहायता पाउनका लागि तपाईंको परिचय-पत्रमा उल्लेख गरिएको नम्बरमा निःशुल्क कल गर्नुहोस्।
Nilotic-Dinka	Tën ë kuwoony ë thok ë Thuonjän, col akuën ci reec ë kaad du köu kec'in ayöc.
Norwegian	For språkassistanse på norsk, ring nummeret på ID-kortet ditt kostnadsfritt.
Pennsylvania Dutch	Fer Hefle in Deitsch, ruf die Fonnummer aa die uff dei ID Kaarde iss. Es Aaruf koschtet nix.
Persian	برای راهنمایی به زبان فارسی، بدون هیچ هزینه ای با شماره ای که بر روی کارت شناسایی شما آمده است تماس بگیرید. انگلیسی
Pohnpeian.	Ohng palien sawas en soun kawewe ni lokaian Pohnpei, koahl nempe me sansal pohn noumw ID koard ni sohte isais.
Polish	Aby uzyskać pomoc językową w języku polskim, zadzwoń bezpłatnie pod numer podany na karcie identyfikacyjnej.
Portuguese	Para obter assistência linguística em português ligue para o número grátis indicado no seu cartão de identificação.
Punjabi	ਪੰਜਾਬੀ ਵਿੱਚ ਭਾਸ਼ਾਈ ਸਹਾਇਤਾ ਲਈ ਆਪਣੇ ਆਈਡੀ ਕਾਰਡ 'ਤੇ ਦਿੱਤੇ ਨੰਬਰ ਤੇ ਕਾਲ ਕਰੋ।
Romanian	Pentru asistență lingvistică în românește, telefonați la numărul gratuit indicat pe cardul de membru.
Russian	Чтобы получить языковую поддержку на русском языке, бесплатно позвоните по номеру, указанному на вашей идентификационной карте.
Samoan	Mō fesoasoani tau gagana i le Gagana Sāmoa vala'au le numera o lo'o lisiina i luga o lau pepa ID e aunoa ma se totogi.
Serbo-Croatian	Za jezičnu pomoć na hrvatskom jeziku pozovite besplatan broj naveden na poledini Vaše identifikacijske kartice.

Spanish	Para obtener asistencia lingüística en español, llame sin costo alguno al número que figura en su tarjeta de identificación.
Sudanic-Fulfude	Heɓa wallende be wolde Fulfulde ewne lamba je ðon windi ha do ðerewol modon, meere.
Swahili	Ukihitaji usaidizi katika lugha ya Kiswahili piga simu kwa nambari iliyoorodheshwa kwenye Kitambulisho chako bila malipo.
Tagalog	Para sa language assistance na nasa Tagalog, tawagan ang nakalistang numero sa iyong ID card nang walang bayad.
Telugu	తెలుగులో భాషలో సాయం కొరకు ఎలాంటి ఖర్చు లేకుండా మీ ఐడి కార్డు మీద ఉన్న నెంబరుకు కాల్ చేయండి.
Thai	สำหรับความช่วยเหลือทางด้านภาษาเป็น (ภาษาไทย) โทรหมายเลขที่แสดงไว้บนบัตรประจำตัวของท่าน ฟรีไม่มีค่าใช้จ่าย
Tongan	Kapau 'oku fiema'u hā tōkoni 'i he lea faka-Tonga telefoni ki he fika 'oku lisi 'i ho'o kaati ID 'o 'ikai hā tōtongi
Turkish	Türkçe dil yardımı için kimlik kartınızdaki numarayı ücretsiz olarak arayabilirsiniz.
Ukrainian	Щоб отримати мовну підтримку українською мовою, безкоштовним зателефонуйте за номером, зазначеним на вашій ідентифікаційній картці.
Urdu	لسانی خدمات تک مُفت رسائی کے لیے، اپنے بیمہ کے ID کارڈ پر درج نمبر پر کال کریں۔
Vietnamese	Để được hỗ trợ ngôn ngữ bằng tiếng Việt, hãy gọi đến số được ghi trên thẻ ID của quý vị, miễn phí cước gọi.
Yiddish	פאר שפראך הילף אין אידיש רופט דעם נומער וואס שטייט אויף אייער אידענטיטעט קארטל פון אפצאל.
Yoruba	Fún ìrànጒwọ nípa èdè Yorùbá pe nọmbà tí a kọ sórí káàdì idánimọ rẹ lófẹẹ.