BlueCross BlueShield of Texas

Group Short-Term Disability Claim Form

Return to Blue Cross and Blue Shield of Texas at:
Attention: Claim Department
P.O. Box 7071
Downers Grove, IL 60515

Phone Number: (877) 442-4207
Fax: (877) 404-6457

ATTENDING PHYSICIAN STATEMENT (Please Print)

(Must be completed in full at the patient's expense)

Employee's Name (Last)	(First)	(MI)	☐ Male ☐ Female	Birthdate	Age
Address	City	State / Zip		Height	Weight

Is the Disability caused by: ☐ Sickness ☐ Accident ☐ Maternity

Maternity Claim

1. Date of Delivery: _____ ☐ Estimated ☐ Actual 2. Type of Delivery: ☐ Vaginal ☐ C-Section 3. Date of LMP: _____

4. Were there any complications causing the patient to stop work prior to your expected delivery date: If yes, please explain:

_____

All Other Claims / Diagnosis

1. Primary ICD10 Diagnosis Code: _____ Diagnosis: _____
2. Secondary ICD10 Diagnosis Code: _____ Diagnosis: _____
3. Date symptoms first appeared or date of accident: _____ Date patient first consulted you for this condition: _____
4. Is the condition work related: ☐ Yes ☐ No _____
5. Describe any other disease or complications affecting present condition: _____

All Other Claims / Treatment

1. Surgery Date: _____ CPT Code: _____ Details: _____
2. Dates of treatment other than surgical: _____
3. Hospital name & address with dates of confinement: From _____ To _____ ☐ Inpatient ☐ Outpatient
   Hospital name: _____ Hospital address: _____ Hospital Ph. # _____
4. Has patient ever had same or similar condition: ☐ Yes ☐ No (If yes, state when and describe)

_____

5a. Is patient still under your care: ☐ Yes ☐ No 5b. Date of next office visit: _____ 5c. Frequency of visits: _____

6. Is patient under the care of another physician: ☐ Yes ☐ No (If yes, provide name, address and phone # of physician)

_____

All Other Claims / Impairment

1. Patient was or will be continuously unable to work:
   In his/her own occupation: From _____ To _____ In his/her own occupation: From _____ To _____
   Patient can return to work: ☐ Full time ☐ Part time On _____

   Current Limitations - What the *patient cannot do*: _____

   Current Restrictions - What the *patient should not do*: _____

2. How long do you expect these restrictions and limitations to impair your patient:
   ☐ Date _____ ☐ Unable to determine, follow up in _____ weeks ☐ Permanently
3. In your opinion, is patient candidate for rehabilitation: ☐ Yes ☐ No
4. If patient is diagnosed as terminal, is life expectancy: ☐ 6 months or less ☐ 12 months or less ☐ Other _____

Remarks _____

Physician Name _____ Phone # _____ Fax # _____

Physician Signature _____ Date _____

Address _____ City _____ State _____ Zip _____

Specialty: ☐ FP ☐ IM ☐ PM&R ☐ Neuro ☐ Ortho ☐ OBG ☐ Psych ☐ Other _____

Tax ID # _____ NPI # _____

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The laws of some states require us to furnish you with the following notice:

FOR APPLICATIONS AND CLAIMS:

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.

Colorado: It is unlawful to knowingly provide false, incomplete, or misleading material 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 material 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.

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.

Hawaii: For your protection, Hawaii law requires you be informed that presenting a fraudulent claim for payment of a loss or benefit is a crime punishable by fines or imprisonment, or both.

Kentucky: Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or 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: 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.

Maine & 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.

Maryland: Any person who knowingly or willingly 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.

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.

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, with intent to injure, defraud or deceive any insurer, makes a claim for the proceeds of an insurance policy containing false, incomplete or misleading information is guilty of a felony.

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 with the penalty of 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.

Rhode Island: 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.

Tennessee: 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.

Virginia: Any person who, with the 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 may have violated the state law.

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The laws of some states require us to furnish you with the following notice:

FOR CLAIMS ONLY:

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: 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 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.

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.

Idaho: Any person who knowingly, and with intent to defraud or deceive any insurance company, files a statement or claim containing 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.

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.

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 APPLICATIONS ONLY:

Massachusetts: 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.

New Jersey: Any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties.

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