Lincoln Financial Group®

Health Assessment Claim Form

The Lincoln National Life Insurance Company
PO Box 2609, Omaha, NE 68103-2609
toll free (800) 423-2765 Fax (888) 735-7636
LincolnFinancial.com

Please call our Customer Service Center at 1-800-423-2765 if you have any questions about benefits or how to file your claim.

Please complete in full **Sections A and B**, sign and submit a copy of the bill. If you were treated at a non-cost incurred facility, please furnish verification from that facility of tests performed.

Send the completed form and bills to:

The Lincoln National Life Insurance Company
PO Box 2609, Omaha, NE 68103-2609
Fax: (888) 735-7636 Phone: (800) 423-2765

Incomplete forms may delay processing of the claim.

Section A - Employee and Patient Information (to be completed by Employee)

Employee Information

Employer Name: _____	
Employee Name: (First, Middle, Last) _____ /_____ /_____	
Policy Number: _____	
Employee's Work ID or Social Security Number: _____	
Employee Address: _____	
City/State/Zip: _____ /_____ /_____	
Employee e-mail: _____	Employee Telephone Number: _____ - _____ - _____
Patient Name: (First, Middle, Last) _____ /_____ /_____	Patient Birthdate: (MM/DYYYY) _____ / _____ / _____

Payment Method

Please select a method of payment to receive your benefits. If no method of payment is selected, you will receive a check for your benefits.

Select Payment Type:

☐ Direct deposit into my account
☐ Send me a check

9-Digit Routing Number: _____

Account Number: _____

Financial Institution Name: _____

Section B - Tests Performed

For Critical Illness Health Assessment Benefit: (Please check the test performed)	**Date of Test:** (MM/DD/YY)
☐ Stress test	_____ / _____ / _____
☐ Abdominal, aortic, or carotid ultrasound	_____ / _____ / _____
☐ CT angiography	_____ / _____ / _____
☐ Electrocardiogram (EKG/ECG)	_____ / _____ / _____
☐ Angiography	_____ / _____ / _____
☐ Mammography	_____ / _____ / _____
☐ Breast ultrasound	_____ / _____ / _____
☐ Pap smear	_____ / _____ / _____
☐ CA 15-3 (blood test for breast cancer)	_____ / _____ / _____
☐ CA125 (blood test for ovarian cancer)	_____ / _____ / _____
☐ PSA (blood test for prostate cancer)	_____ / _____ / _____
☐ CEA (blood test for colon cancer)	_____ / _____ / _____
☐ Serum protein electrophoresis (blood test for myeloma)	_____ / _____ / _____
☐ Bone marrow testing	_____ / _____ / _____
☐ Colonoscopy	_____ / _____ / _____
☐ Flexible sigmoidoscopy	_____ / _____ / _____
☐ Hemoccult stool analysis	_____ / _____ / _____
☐ Double contrast barium enema	_____ / _____ / _____
☐ Helical CT scan	_____ / _____ / _____
☐ Dental Brush biopsy or other FDA approved screening for oral cancer	_____ / _____ / _____
☐ Diabetes (A1C or fasting glucose)+C7	_____ / _____ / _____
☐ HIV screening	_____ / _____ / _____
☐ Hepatitis screening	_____ / _____ / _____
☐ Human papillomavirus screening	_____ / _____ / _____
☐ Blood chemistry profile	_____ / _____ / _____

For Accident Health Assessment Benefit: (Please check the type of exam or service)	**Date of Exam or Service:** (MM/DD/YY)
All Covered Persons	
☐ Dental Preventative Exams	_____ / _____ / _____
☐ Annual Physical	_____ / _____ / _____
☐ Eye Exam	_____ / _____ / _____
☐ Hearing Exam	_____ / _____ / _____
☐ Depression Screening	_____ / _____ / _____
☐ Substance Abuse Screening/Counseling	_____ / _____ / _____
☐ Tetanus Immunization	_____ / _____ / _____
Adult Only	
☐ Osteoporosis Screening (Bone Mineral Density)	_____ / _____ / _____
☐ Accident/Fall Prevention Counseling	_____ / _____ / _____
Child Only	
☐ Sports/School Physicals	_____ / _____ / _____
☐ Concussion Screening	_____ / _____ / _____
☐ Immunizations: DTP, MMR, Rotavirus, Chickenpox, Meningitis	_____ / _____ / _____

Physician Information

Physician's Name: _____ / _____	
Physician's Medical Specialty: _____	
Physician's Phone Number: _____ - _____ - _____	Physician's Fax Number: _____ - _____ - _____
Physician's Address: (Street) _____	
City/State/Zip: _____ / _____ / _____	

CERTIFICATION

The Statements on the previous page are true and complete to the best of my knowledge and belief.

I have checked the answers on this claim form and they are correct. I certify under penalty of perjury that my correct social security number is shown on this form. I acknowledge that I have received the Claim Form Addendum, Fraud Warning and State Versions' form and that I read the statement required by the State Department of Insurance for my state, if my state was listed on the form.

Patient's Name:

_____ / _____ / _____

Patient's Signature: _____ Date: (MM/DD/YYYY) _____ / _____ / _____

Parent/Guardian Signature: (if patient is a minor) _____

Relationship to Patient: _____

Section C

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.

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.