

B. Critical, severe, debilitating and catastrophic in nature No Yes
I certify my clinical notes support this claim: No Yes

If "Yes", approximate date condition commenced: _____

Probable duration of condition: From _____ to _____

Explain the medical finding supporting how the patient's health condition meets the definition above (critical, severe, debilitating and catastrophic in nature): _____

C. Is incapable of self-care: No Yes
I certify my clinical notes support this claim: No Yes

If "Yes", approximate date condition commenced: _____

Probable duration of condition: From _____ to _____

Explain: _____

D. Requires full time assistance of a caregiver: No Yes
I certify my clinical notes support this claim: No Yes

If "Yes", approximate date condition commenced: _____

Probable duration of condition: From _____ to _____

Is the patient currently in a hospital, hospice or care facility: No Yes

Explain why the patient requires a full time caregiver: _____

E. To my knowledge, the patient needs the above named family member's assistance as the primary caregiver: No Yes

I certify that the above-information is complete and accurate. The above-named individual is suffering from an illness or injury that is life threatening or critical, severe, debilitating and catastrophic in nature, and is incapable of self-care, and requires full time assistance. I further certify my clinical notes support all claims.

Signature of Physician Date

Name of Physician: _____

Medical Specialty: _____

Address: _____

Telephone Number: _____ Fax Number: _____