

CLAIM WORKSHEET



Most claim denials happen because the documents for the claim do not match the policy. Having a successful claim requires that you understand what the policy will (and will not) cover and how a person is deemed “medically eligible for claim”. This worksheet will help you gather the details so you can know if a claim is likely to succeed...or not. If you have any trouble answering the questions from the policy, you can:

1. Call the **insurance company**. They can answer specific questions, or
2. Book a **free consult** with an LTC Specialist. We'll answer questions and give best practice tips, or
3. **Get the book!** *“Long Term Care Claim Filing: A Field Guide”* by Dr. Stana Martin from Amazon.

**BOOK A FREE
CONSULTATION**

MrsLTC.com/Book-a-Consultation

888-265-8040

COMPANY AND POLICY INFORMATION

POLICY HOLDER NAME: _____

POLICY ID: _____

YOUR INSURANCE COMPANY: _____

INSURANCE CO. PHONE #: _____



LONG TERM CARE
CLAIMS SPECIALISTS

BENEFITS

Benefit Amount: \$ _____ Is it per DAY, WEEK, or MONTH? _____

Total Pool of Money: \$ _____ or Time Window: _____

Elimination Period or Wait Window*: How many days? _____

*Note: Some policies have one period (window) for home care and another, different one for facility. Remember to ask for both.

Do they count by: Calendar Date Service Day

Do they waive the elimination period (window) while in home care? Yes No

Are there other modifications to the elimination period? Yes No

Specify/Notes: _____

Inflation Growth: _____ Anniversary or effective date: _____

Bed Reservation Days? No Yes How Many? _____

ELIGIBLE CARE PROVIDERS

Which of the following types of care providers will the policy allow?

Home Care - There are many types. Mark below the ones the policy will allow.

Independent, unlicensed home care provider

Independent, licensed home care provider

Licensed home care agency (non-medical)

Licensed home health care agency (medical)

Adult Day Care

Assisted Living Facility

Skilled Nursing Facility

Respite Is there a limit to number of respite days? No Yes How Many? _____

Hospice Are there are any limits on this? No Yes How Many? _____

Does hospice waive the elimination period? No Yes

Are there any special exceptions I need to know? _____



Long Term Care Claim Filing: A Field Guide by Dr. Stana Martin

A guide for successfully navigating the pitfalls encountered in getting a long term care insurance claim filed and paying successfully. Available in digital & paperback formats on Amazon!



888-265-8040

**BOOK A FREE
CONSULTATION**

MrsLTC.com/Book-a-Consultation

MEDICAL ELIGIBILITY

The insurance company will triangulate medical eligibility from multiple sources. They will access records from

1. a physician,
2. current and past care providers, and/or
3. an independent nurse assessor.

Use the sheet below to estimate if you are medically eligible now...or not quite yet.

YOUR CLAIM IS PRIMARILY DUE TO:

Cognitive Loss

Has the cognitive loss been diagnosed by a physician?

Yes

No

Before you open a claim, get a diagnosis by a physician.

How long ago was the test performed?

Less than a year ago

More than a year ago

Your safest best is to get a more recent test in place, as there has likely been further loss since the test was done.

What is the level of cognitive loss?

Mild

Moderate

Severe

The claim is unlikely to approve. There are best-practice strategies. Book a free consult.

Maybe the claim will approve. A very few contracts will allow this level, most will require "severe". There are workarounds - book a free consult.

File a claim.

You have high likelihood of success.

Help with Daily Living Activities

Which does the policy require?

- Hands-on or "substantial" help and/or
- Stand-by help

Which of these activities does the policy holder need help with?

- | | | |
|---|---|--|
| <input type="checkbox"/> Bathing | → | <input type="checkbox"/> Hands-on <input type="checkbox"/> Stand-by |
| <input type="checkbox"/> Dressing *any article of clothing, not ALL clothing | → | <input type="checkbox"/> Hands-on <input type="checkbox"/> Stand-by |
| <input type="checkbox"/> Transferring to/from the bed or chair | → | <input type="checkbox"/> Hands-on <input type="checkbox"/> Stand-by |
| <input type="checkbox"/> Incontinence of bowel/bladder and hygiene | → | <input type="checkbox"/> Hands-on <input type="checkbox"/> Stand-by |
| <input type="checkbox"/> Toileting and hygiene | → | <input type="checkbox"/> Hands-on <input type="checkbox"/> Stand-by |
| <input type="checkbox"/> Eating, lifting a fork if food is placed in front | → | <input type="checkbox"/> Hands-on <input type="checkbox"/> Stand-by |

Did you mark 2 or more of the above?

Yes

No

Uncertain

File a claim. You have a high likelihood of success.

Maybe the claim will approve. Most contracts require 2 of the list of 6. If you are uncertain, book a consult.

We recommend a consult with a specialist to help you discern this.

FREE CONSULT
MrsLTC.com
888-265-8040



LONG TERM CARE
CLAIMS SPECIALISTS

Get the
LTC Claim
Field Guide

