AMERICAN FIDELITY
a different opinion

Benefits Department | P.O. Box 248929 | Oklahoma City, OK 73124
American Fidelity Assurance Company | 800-662-1113 | Fax: 855-651-1294 | **americanfidelity.com**

Health Care Provider Certification To be filled out by the health care provider.

This form should be completed by the treating health care provider and returned to the insured. Information requested is related only to the condition for which the insured is taking leave.

Insured's Full Name: (last, first, middle initial)

Patient's Name (if different than insured):

Descriptions of serious health conditions that qualify under the Oregon Paid Family and Medical Leave program are available on page six. Please check the appropriate category or categories for your leave request.

☐ Inpatient Care ☐ Pregnancy and/or prenatal care ☐ Permanent or long-term condition requiring supervision

☐ Absence plus treatment ☐ Chronic condition requiring treatment ☐ Multiple treatment for non-chronic conditions

Describe the medical facts that support your certification and explain how they meet the criteria of the selection(s) above:

Approximate date condition began and probable duration: From (MM/DD/YYYY) _____ through (MM/DD/YYYY) _____

Probable duration of patient's present incapacity (if different): From (MM/DD/YYYY) _____ through (MM/DD/YYYY) _____

If this is a chronic condition or pregnancy, is the patient presently incapacitated? *(see page six for definition)* ☐ Yes ☐ No

If yes, duration and frequency of incapacity:

Will it be necessary for the patient to take leave only intermittently or to work on a less than full-time schedule basis because of the condition or treatment? ☐ Yes ☐ No

If yes, duration: Over the next 6 months, episodes of incapacity are estimated to occur _____ times

per (☐ day / ☐ week / ☐ month) and are likely to last approximately _____ per episode.

If other, please explain how the insured will use leave intermittently or work a less-than-full-time schedule. Be specific about the frequency and duration of absences:

If the patient requires a treatment regimen, describe the treatments, estimated number of treatments and intervals between treatments. *(see page six for definition)*

Does the patient require basic medical or personal needs, safety or transportation assistance? ☐ Yes ☐ No

If no, would the insured's presence to provide psychological comfort benefit the patient's recovery? ☐ Yes ☐ No

If the patient needs care only intermittently or on a part-time basis, please indicate the probable duration and frequency of this need:

Printed Name of Health Care Provider: _____ Date Signed: _____

Signature of Health Care Provider: _____

Type of Practice/Field of Specialization: _____ Phone Number: (with area code) _____

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Definitions

A **Serious Health Condition** is defined as an illness, injury, impairment or a physical/mental condition that involves one of the following:

- **Inpatient Care**
  Inpatient care (i.e., overnight stay) in a medical care facility such as a hospital, hospice, or residential facility. This includes any incapacity or subsequent treatment concerning or consequent to such inpatient care.

- **Absence Plus Treatment**
  A period of incapacity of more than three consecutive calendar days (including any period of incapacity or subsequent treatment relating to the same condition) that also involves:
  - Treatments two or more times by a licensed health care provider, nurse, or physician's assistant under the direct supervision of a health care provider or by a provider of health care services (e.g., physical therapist) under orders of, or on referral by, a health care provider, or
  - Treatment by a health care provider on at least one occasion results in a regimen of continuing care under the health care provider's supervision.
    - Treatment includes examinations to determine if a Serious Health Condition exists and evaluations of the condition. Treatment does not include routine physical, dental or eye exams.
    - A regimen of continuing care includes, for example, a course of prescription medication (e.g., an antibiotic) or therapy requiring special equipment to resolve or alleviate the health condition. A care regimen does not include taking over-the-counter medications such as aspirin, antihistamines, or salves, bed rest, drinking fluids, exercise, or any other activities that can be initiated without a visit to a health care provider.

- **Pregnancy**
  Any period of incapacity due to pregnancy, childbirth, miscarriage or stillbirth, pregnancy-related illness, or for prenatal care.

- **Constant or Continuing Care**
  A Serious Health Condition that requires constant or continuing care, including home care administered by a health care provider.
- **Chronic Conditions Requiring Treatments**
  A chronic Serious Health Condition is one which:
  - Requires periodic visits for treatment by a health care provider, nurse, or physician's assistant under the direct supervision of a health care provider;
  - Continues over an extended period (including recurring episodes of a single underlying condition); and
  - May cause episodic rather than continuing periods of incapacity (e.g., asthma, diabetes, epilepsy, etc.)

- **Permanent/Long-term Conditions Requiring Continuing Care of a Health Care Provider**
  A period of permanent or long-term incapacity due to a condition for which treatment may not be effective. The employee or family member must be under the continuing care of, but need not be receiving active treatment by, a health care provider. Examples include Alzheimer's, a severe stroke or the terminal states of a disease.

- **Terminal/Possibility of Death Prognosis by Treating Health Care Provider**
  A Serious Health Condition that, in the medical judgment of the treating health care provider, poses an imminent danger of death or is terminal in prognosis with a reasonable possibility of death in the near future.

- **Multiple Treatments for Non-Chronic Conditions**
  Any period of absence to receive multiple treatments (including recovery) by a health care provider or by a provider of health care services under orders of, or on referral by, a health care provider, either of restorative surgery after an accident or injury, or for a condition that would likely result in a period of incapacity of more than three consecutive calendar days.

Incapacitated means the inability to work, attend a school or perform other regular daily activities due to the Serious Health Condition, treatment and recovery for the Serious Health Condition.

Treatment or Care Regimen means the patient is under your supervision. We require a general description of the regimen, such as prescription drugs or physical therapy requiring special equipment. If the treatments are provided by another provider of health services, such as a physical therapist, please state the nature of the treatments.