



The Prudential Insurance Company of America
Disability Management Services
P.O. Box 13480, Philadelphia, PA 19176
Tel: 800-842-1718 Fax: 877-889-4885
www.prudential.com/forphysicians

Mental Status Examination Form

1 First Name MI Last Name Claim Number

2 Table with 10 rows for mental status examination: Appearance, Attitude, Behavior, Speech, Mood, Affect, Thought Process, Thought Content, Cognition, Insight/Judgement.

List current psychiatric diagnoses utilizing DSM-5 criteria, and include date of onset for the conditions cited.

ICD Code is Required Onset Date

Feel free to use additional space if needed.





Group Disability Insurance

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First Name	MI	Last Name	Claim Number
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

3 Treating Provider Certification

Fraud Notice

Any person who knowingly and with intent to injure, defraud, or deceive any insurance company or other person, or knowing that he is facilitating commission of a fraud, submits incomplete, false, fraudulent, deceptive or misleading facts or information when filing an insurance application or a statement of claim for payment of a loss or benefit commits a fraudulent insurance act, is/may be guilty of a crime and may be prosecuted and punished under state law. Penalties may include fines, civil damages and criminal penalties, including confinement in prison. In addition, an insurer may deny insurance benefits if false information materially related to a claim was provided by the applicant or if the applicant conceals, for the purpose of misleading, information concerning any fact material thereto.

I have read and understand the terms and requirements of the fraud warning and I certify the above statements are true.

Treating Provider's Name: _____ Date Completed: _____

Office Address: _____ Phone Number: _____

Treating Provider's Signature: _____ Speciality/Board Certification: _____

Please FAX this completed document to (877) 889-4885. Please make sure the claimant's name and claim number are entered at the top of each page. Thank you.

