

Disability, Long Term Care & Employee Benefit Advisory

AVOIDING A “SELF REPORTED” DISABILITY CLAIM NIGHTMARE

1,200,100 Social Security Disability applications were filed in 1999 (48 percent or 579,000 were declined). In 2009, ten years later, 2,816,200 Social Security Disability applications were filed (and 65 percent or 1,830,530 were declined). The number of disability applications more than doubled while denials more than tripled. In one year, more than \$23 TRILLION dollars of annualized benefits were lost.

In 2011, TRILLIONS of dollars in Insurer, Social Security and Veterans Administration disability claims will continue to be denied unnecessarily.

Disabled Americans diagnosed with serious medical and psychological illnesses are just beginning to process the enormity of the physical, emotional and financial challenges they will be facing. This is the worst imaginable time to be filing a disability claim.

Insufficient preparation and inadequate presentation of a long-term disability (LTD) claim form increases the likelihood that your application will be denied substantially, especially when it's a claim for chronic fatigue or another “self-reported” (fibromyalgia, carpal tunnel) disability.

Review your LTD policy. Does it offer total disability benefits only or does it provide partial or residual (long-term partial disability) benefits so that you don't have to be totally disabled to collect benefits? Hopefully it's the latter. What's the policy's definition of partial disability? Does it state your inability to perform one or more of the material daily duties of your occupation and/or is there reference to performing the duties of your occupation in a reduced capacity?

For “self reported” disability claimants, we'd like to share some “tips” to improve your chances of collecting disability benefits.

TIP # 1:

It's been our experience, over a three-decade career specializing in the disability insurance business, that an improperly completed LTD claim form increases the chances of the claim being denied, even when the complete information is submitted to the insurer after the initial claim has been submitted. Remember you are applying for benefits to replace your lost wages. You'll need to prepare your application for benefits with the same (or better) attention to details as when you applied for your job..

TIP #2: You will need to have a focused conversation with your physician about the specific ways in which you will need his or her cooperation as you navigate the LTD claim process. As noted: You absolutely, positively must have the complete cooperation of your physician as well as his or her agreement with you as to the extent of your disability. Complete documentation of your “self reported” disability, supported by irrefutable evidence from your treating physician(s) (who are recognized experts and authorities in the treatment of your specific condition is absolutely essential in the initial filing of your claim).

TIP #3: Is your treating physician a specialist (an expert) in the treatment of your specific condition? Very few are. If he or she is not, take heed. Due to the specialized nature of a diagnosis, your insurer will expect your physician to have expertise in the treatment of your specific condition . A disability insurer looks for expertise in the treatment of any illness, especially “self reported” disabilities. This, however, does not mean you have to change doctors. Your primary care physician (PCP) has possibly already referred you to a specialist for diagnosis and initial treatment. In such a case, your PCP would probably follow your course of treatment, with an occasional update with your specialist.

TIP #4: What has been your doctor's experience in helping other patients with “self reported” disabilities obtain disability benefits? Has he or she had significant success or great difficulty? Your physician needs to be your ally in the claims process, especially until you've begun receiving benefits.

TIP #5: What type of testing has been utilized to confirm a diagnosis? When “self reported” disabilities first began to be recognized as unique and difficult-to-diagnose illnesses, considerable controversy surrounded the various methods of diagnosis. Leading researchers and clinicians, the Centers for Disease Control and Prevention, and the National Center for Infectious Diseases developed various guidelines for evaluating your condition. (For more, we urge you to do a web search and read “Social Security SSR 99-2P: Your Guide to CFS Claims Success).

Summary

In reviewing a multitude of long-term disability claims that were denied by insurers there's one predominate theme: the claimants' personal physician and/or other subsequent medical documentation does not support or validate the extent of the disability. The claimants were expecting a certain outcome (for their claim to be paid) while the medical information attached to their claim form did not validate the extent of the disability. In essence, claimant and physician just have not communicated properly. The Bottom Line . . . do it right the first time.

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Allan Checkoway, RHU

Allan Checkoway, RHU most recently authored “*I'm Disabled . . . Now What?*”, created for people whose lives have been impacted by changes in their overall health. Fortunately, our decades of experiences in working with people who have become disabled, sometimes ending up in long term care situations has given us a unique perspective that can benefit our readers. We've taken what we believe to be all the best up to date accessABLE resources from a multitude of resources, putting them all together in one place in “*I'm Disabled . . . Now What?*” and on our new website www.DisabilityandSeniorResources.com. **We are dedicated to helping restore active lifestyles.** Allan is presently the Principal of Disability Services Group, an Employee Benefit Advisory firm. Allan's address is 661 Highland Ave. Suite 103, Needham, MA 02494, tel: 781.400.5055; email: allan@disabilityservices.com