Lincoln Financial Group℠

Claims Department
PO Box 21008
Dept 0514
Greensboro, NC 27420-1008
Phone 800-487-1485

# Home Health Care Provider Service Record

Insured's Name _____ Policy # _____

Provider _____

| **Date of Service** (each day must be listed separately) | **Hours Per Day** | **Daily Amount Charged** |
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| **Totals:** | | |

Insured's Signature _____ Date _____

Provider's Signature _____ Date _____

Lincoln Financial Group is the marketing name for Lincoln National Corporation and its affiliates.