

# DOCTOR & TREATING HEALTH PROFESSIONAL REPORTS IN LONG TERM DISABILITY (LTD) CASES

### **Frequently Asked Questions**

Why do LTD insurers need reports from medical doctors and treating health professionals for LTD claims?

LTD insurers make decisions on whether to approve or deny LTD claims based on documentation they receive from you and/or your treating doctors and/or other health professionals. Without supporting documentation such as letters or reports from your doctor(s) and/or other treating professional(s), your insurance company will most likely deny your LTD claim.

A common problem we often see is bare bones letters from doctors and other health professionals that do not provide enough information for the insurance company to properly evaluate the LTD application. For example, a family doctor may provide a note stating that you are too sick to work, but no specifics are provided. It does not mention the nature of your disability, your functional limitations, prognosis, etc. Such a letter will likely be deemed as insufficient medical support for your LTD claim. It is very important, therefore, to make sure that any of your doctor(s) and/or health professionals who are providing such letters include the necessary information to help you get your LTD application approved by the insurer.

■ What should a supporting letter or report from a treating doctor or health professional include?

Letters from doctors and other treating health professionals should, <u>ideally</u>, contain the following 5 key pieces of information:

- 1. A statement or description of your doctor's and/or health professional's designation (i.e., medical doctor, family doctor, chronic pain doctor, orthopaedic specialist, neurologist, registered psychologist, psychiatrist, etc.)
- 2. How long this doctor or health professional been treating you.
- 3. If there is a diagnosis for your illness and/or injury, what is it? If there is no diagnosis, a statement that despite the diagnosis, the symptoms and limitations resulting from your illness and/or injury are preventing you from working.



- 4. An explanation of what your illness and/or injury is preventing you from doing at work (i.e., what are your <u>functional limitations</u> as a result of your disabling condition(s)?)
- 5. A statement regarding your prognosis. In this regard, we often suggest that if there is no identifiable end-date of when your disabling condition will subside or resolve, the report should state something to the effect of "This disability and resulting limitations will remain for the foreseeable future, to be reassessed in (insert time frame)."

To be clear, it is imperative that the above 5 key points be outlined in accordance with your medical doctor's or treating health professional's opinion. You should <u>not</u> ask that the doctor/health professional write anything false or provide an opinion contrary to the facts. The above is simply a guideline of what a useful and effective letter/report should contain by way of information that could be helpful for your LTD application or claim.

How often should you provide updated reports/letters from your treating doctors to your LTD insurer?

The answer to this question depends on your specific situation. Where an illness or an injury is chronic and debilitating (such as a degenerative disease, catastrophic injury, etc.), you typically do not need to provide ongoing letters and reports from your doctors or health professionals frequently. Insurers may request updates once every 6 months or a year, or sometimes even every few years.

However, where the disabling condition may be more unstable or fluid, such as migraines, depression, PTSD, back pains, etc., you may be asked by your insurer to provide more frequent updates, such as every few months.

**♣** What happens if you do not have a treating doctor to provide a letter of support for your LTD claim?

The absence of a medical doctor or other treating professional being available to provide you with a supportive letter or report for your LTD claim would likely result in your LTD insurer denying your application or claim. Insurers need this documentation in order to assess your disability and to decide whether you qualify for LTD benefits under the policy. If you live in a remote area, consider locating a treatment provider who could provide you with services via an online platform such as Zoom, Webex, etc. Alternatively, try to find a walk-in clinic that can tend to your needs and help.



### **♣** What should you do if your doctor does not support you being off work?

If your doctor does not support you being off work due to your disabling condition, and if you feel that you are in fact disabled, speak with your doctor candidly about the situation and see if your doctor would reconsider his/her position.

However, if you cannot come to a consensus on your disabling condition and LTD claim with your doctor, consider switching doctors. Clearly there is a disconnect in such circumstances between how you feel and what your doctor perceives in terms of your limitations from working.

## Do you have to pay for the doctor's report, or does the insurance company have to?

Unfortunately, your insurer does <u>not</u> have an obligation to pay for the reports that you need to provide them in support of your disability and LTD application or ongoing claim. That is an expense you must bear. That said, if you are denied LTD and retain us to fight your insurer, any reports required will be paid by our Firm.

# What if your doctors want to speak with us before preparing their report in support of your LTD claim; is that allowed?

Absolutely. We speak with medical doctors and other health practitioners all the time. We answer both general and specific questions and we do it all at <u>no charge to anyone</u>.



#### Questions? Concerns? Contact us!

Toll Free: 1-855-821-5900

Email: <u>help@disabilityrights.ca</u> <u>www.Disabilityrights.ca</u>

or

Post your question and get an answer from one of our disability lawyers at

www.MyDisabilityQuestions.com

#### **FREE CONSULTATIONS**

The information provided in this FAQ document is for general purposes only and should not be relied upon in specific cases without consulting a legal team member at Samfiru Tumarkin LLP. For more information, please contact us at:

Toll Free: 1-855-821-5900

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www.Disabilityrights.ca