

ZURICH AMERICAN INSURANCE COMPANY PROOF OF CLAIM – ACCIDENT MEDICAL EXPENSE Mail claims to:

Zurich American Insurance Company P. O. BOX 968041 Schaumburg, IL 60196-8041 877-287-4805

		PAI	RT A								
Policy Number:			Policyholder:								
Member Name			Relationship to Member:								
Name of Claimant(if different)				Date of I					of Birth		
Mailing Address				Soc				Social Security No.			
Name and Address of	Attending Physician/Dentis	st									
Part B	Date of Accident			Place of Accident / Facility Name							
	Diagnosis	Tyl				Туре	Type of Sport (if applicable)				
	Describe the Accident										
	What part of the body was injured? Which Side? R L (if applicable)										
	At the time of the accident, was the injured person involved in an activity sponsored and supervised by the policyholder? Yes No										
	Name of the Supervisor				Wa	s he /	she a witness	ne a witness to the accident? Yes			No
					1						
	Policyholder Verification Name			Title						Date	
Name of Member		Par		ial Sec	curity :	#	Relations	hip: Fath	ner 🔲	Mother	
Address (Number) Street (Lot or Apt. No.)			City				ardian State	Oth			
, , ,											
Area Code – Home Telephone Number				Area Code – Work Telephone & Extension							
Occupation of Father or Male Guardian Place of Emplo			ment Emp			Employer: /	nployer: Area Code – Phone Number				
Occupation of Mother or Female Guardian Place of Er			yment [Employer: /	Employer: Area Code – Phone Number			r	
	health and/or accident ins						Cuandian	V □	No C		
Claimant: Yes No	o ☐ Father: Yes ☐ overed by other health and	No Mother No mother			No	Ш	Guardian:	Yes	No _	<u></u>	
Name of other health and/or accident insurance company Address Policy Number						-					
* INCLUDE ITEMIZE	D BILLS FOR MEDICAL	TREATMENT AN	D YOL	JR PR	IMAR	Y INS	SURANCE CA	RRIER(S) BEN	EFIT SUM	//ARIES
	N MUST BE COMPLETE										
I AUTHORIZE any ph company, or employe condition and/or treate COMPANY or its legal will be used by ZURIC existing policy. Any organization EXCEPT my application, claim, Authorization. I AGR	pysician, medical practition r, having information availment of claimant and any representative, any and all CH AMERICAN INSURAN information obtained will to reinsuring companies, cor as may be otherwise late that a photographic of valid for the duration of the	ner, hospital, clinical lable as to diagnor other non-medical such information CE COMPANY to not be released or other persons of the persons	osis, to osis, to osis, to osis, to osis, to osign the osign to osign the osign to osign the osign to osign the osign the osign to osign the osign	ther material material material material material material material may fundament may	nedica ent an on of STANI eligibi I AME ons pe orther	I or medical or medica	nedically-related by some six with a series of the series	ed facili respect ¿URICH otained I nd eligib CE COI or legal : V that I i	ty, insur to any AMERI by use co ility for MPANY services may req	rance or rei physical or CAN INSUI of this Autho benefits und to any pe s in connecti quest a copy	mental RANCE orization der any rson or ion with y of this
Signature of Membe	r, or Parent or Guardian	if Claimant is a	mino	<u>r</u>				Date			

ATTENDING PHYSICIAN'S STATEMENT
Complete section below in full or attach a complete itemized statement of charges and statement of diagnosis.

	STATEMENT OF A	TTENDING PHYSICIAN			
Patient's Name:				Date of Bir	th
Diagnosis (describe nature of injury)					
2. Is condition the result of Illness	a Ccident What	t date did accident occur?			
If injury, how do you understand accident or	ccurred?				
				nen and by whom	
On what date were you first consulted f	for this condition?				
Give dates of treatment: Office	s				
5. If hospitalized, give name and address	of hospital and dates of confinem	ent:			
Name		Address		Dates	- From/To
Name 6. If surgery performed, please describe:					- From/To
7. Prognosis:					
I hereby authorize Zurich American Insinformation, including etiology and proof or any portion thereof, pertaining to:	surance Company or its repre gnosis, or other data that may	sentative to inspect all x-ra be in my possession or ur	y pictures, cli nder my conti	nical records an ol, and to make	d to obtain full copies of same
	(Name of Patient)			
Signed			(Degree)	(Social Security	or Tax ID No.)
DatePr	none	Fa:	, ,		,
Address		(City)		(State)	(ZipCode)
		(- 11.7)		(0.0.0)	(– ipoodo)

FRAUD STATEMENT

ALASKA: "A person who knowingly and with intent to injure, defraud, or deceive an insurance company files a claim containing false, incomplete, or misleading information may be prosecuted under state law."

ARIZONA: "For your protection Arizona law requires the following statement to appear on this form. Any person who knowingly presents a false or fraudulent claim for payment of a loss is subject to criminal and civil penalties."

ARKANSAS: "Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

CALIFORNIA: "For your protection California law requires the following to appear on this form: Any person who knowingly present false or fraudulent claim for the payment of a loss is guilty of a crime and may be subject to fines and confinement in state prison."

COLORADO: "It is unlawful to knowingly provide false, incomplete, or misleading facts or information to an insurance company for the purpose of defrauding or attempting to defraud the company. Penalties may include imprisonment, fines, denial of insurance, and civil damages. Any insurance company or agent of an insurance company who knowingly provides false, incomplete, or misleading facts or information to a policyholder or claimant for the purpose of defrauding or attempting to defraud the policyholder or claimant with regard to a settlement or award payable from insurance proceeds shall be reported to the Colorado division of insurance within the department of regulatory agencies."

DELAWARE: "Any person who knowingly, and with intent to injure, defraud or deceive any insurer, files a statement of claim containing any false, incomplete or misleading information is guilty of a felony."

WASHINGTON D.C.: "WARNING: It is a crime to provide false or misleading information to an insurer for the purpose of defrauding the insurer or any other person. Penalties include imprisonment and/or fines. In addition, an insurer may deny insurance benefits if false information materially related to a claim were provided by the applicant."

FLORIDA: "Any person who knowingly and with intent to injure, defraud, or deceive any insurer files a statement of claim or an application containing any false, incomplete, or misleading information is guilty of a felony of the third degree."

IDAHO: "Any person who knowingly, and with intent to defraud or deceive any insurance company, files a statement containing any false, incomplete, or misleading information is guilty of a felony."

INDIANA: "A person who knowingly and with intent to defraud an insurer files a statement of claim containing any false, incomplete, or misleading information commits a felony."

KENTUCKY: "Any person who knowingly and with intent to defraud any insurance company or other person files a statement of claim containing any materially false information or conceals, for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime."

LOUISANA: "Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison."

MAINE: "It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties may include imprisonment, fines or a denial of insurance benefits."

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MINNESOTA: "A person who files a claim with intent to defraud or helps commit a fraud against an insurer is guilty of a crime."

NEW HAMPSHIRE: "Any person who, with a purpose to injure, defraud or deceive any insurance company, files a statement of claim containing any false, incomplete or misleading information is subject to prosecution and punishment for insurance fraud, as provided in RSA 638:20."

NEW JERSEY: "Any person who knowingly files a statement of claim containing any false or misleading information is subject to criminal and civil penalties." Substantially similar language must be approved by the DOI.

NEW MEXICO: "Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to civil fines and criminal penalties.

NEW YORK: "Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information, or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime, and shall also be subject to a civil penalty not to exceed five thousand dollars and the stated value of the claim for each such violation."

OHIO: "Any person who, with intent to defraud or knowing that he is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement is guilty of insurance fraud."

OKLAHOMA: "WARNING: Any person who knowingly, and with intent to injure, defraud or deceive any insurer, makes any claim for the proceeds of an insurance policy containing any false, incomplete or misleading information is guilty of a felony."

OREGON: "I understand that any person who knowingly and with intent to defraud any insurance company or other person files a statement of claim containing any materially false information, or conceals for the purpose of misleading, information concerning any fact or material thereto commits a fraudulent insurance act which is a crime and such person may be guilty of insurance fraud."

PENNSYLVANIA: "Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information or conceals for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime and subjects such person to criminal and civil penalties."

TENNESSEE: "It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines and denial of insurance benefits."

TEXAS: "Any person who knowingly presents a false or fraudulent claim for the payment of a loss is guilty of a crime and may be subject to fines and confinement in state prison."

VIRGINIA: "It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines and denial of insurance benefits."

WASHINGTON: "It is a crime to knowingly provide false, incomplete, or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines, and denial of insurance benefits."

WEST VIRGINIA: "Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison."

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