



ZURICH AMERICAN INSURANCE COMPANY
CATASTROPHIC - PROOF OF CLAIM – ACCIDENT MEDICAL EXPENSE

Mail/Email/Fax claims to:

K&K Insurance/Specialty Benefits
P. O. BOX 2338, Ft. Wayne, IN 46801

Fax: 312-381-9077 Toll Free: 800-237-2917 Email: kk.PAClaims@kandkinsurance.com

PART A

School District:	Name of School:
School Representative:	Title:
Phone Number ()	
Email Address	

PART B

Date of Accident:	During: <input type="checkbox"/> Practice <input type="checkbox"/> Play <input type="checkbox"/> Other (please describe)		
Time of Accident:	Type of Sport (if applicable)		
Describe the Accident:			
What part of the body was injured?	Which Side? (if applicable)	R	L
At the time of the accident, was the injured person involved in an activity sponsored and supervised by the school?		Yes	No
Name of the Supervisor:	Was he / she a witness to the accident?	Yes	No
Representative of school signature:	Date:		
Does the school or district have a basic accident medical plan for students and/or athletes:		Yes	No
If Yes, the name of the company:			

Part C

Name of Claimant:	Social Security #	Date of Birth:		
Mailing Address:	Street (Lot or Apt. No.)	City	State	Zip Code
Area Code + Home Telephone Number or Cell Number		Email Address		
Name of Father or Male Guardian	Place of Employment	Employer: Area Code + Phone Number		
Name of Mother or Female Guardian	Place of Employment	Employer: Area Code + Phone Number		
Is the injured person covered by other health and/or accident insurance plan?		Yes	No	State Medicaid Yes No
Name of other health and/or accident insurance company		Area Code + Phone Number		Policy Number
Where was student first treated?		Date of treatment:		

*** INCLUDE ITEMIZED BILLS FOR MEDICAL TREATMENT AND YOUR PRIMARY INSURANCE CARRIER(S) BENEFIT SUMMARIES (EOB'S)**

(AUTHORIZATION MUST BE COMPLETED BY CLAIMANT, OR PARENT OR GUARDIAN IF CLAIMANT IS A MINOR)

I AUTHORIZE any physician, medical practitioner, hospital, clinic or other medical or medically-related facility, insurance or reinsuring company, or employer, having information available as to diagnosis, treatment and prognosis with respect to any physical or mental condition and/or treatment of claimant and any other non-medical information of claimant to give ZURICH AMERICAN INSURANCE COMPANY or its legal representative, any and all such information. I UNDERSTAND the information obtained by use of this Authorization will be used by ZURICH AMERICAN INSURANCE COMPANY to determine eligibility for insurance and eligibility for benefits under any existing policy. Any information obtained will not be released by ZURICH AMERICAN INSURANCE COMPANY to any person or organization EXCEPT to reinsuring companies, or other persons or organizations performing business or legal services in connection with my application, claim, or as may be otherwise lawfully required or as I may further authorize. I KNOW that I may request a copy of this Authorization. I AGREE that a photographic or photostatic copy of this Authorization shall be as valid as the original. I AGREE this Authorization shall be valid for the duration of the claim

Signature of Member, or Parent or Guardian if Claimant is a minor

Date

ATTENDING PHYSICIAN'S STATEMENT

Complete section below in full or attach a complete itemized statement of charges and statement of diagnosis.

STATEMENT OF ATTENDING PHYSICIAN

Patient's Name: _____ Date of Birth _____

1. Diagnosis (describe nature of injury) . _____

2. Is condition the result of ☐ Illness ☐ Accident What date did accident occur? _____

If injury, how do you understand accident occurred? _____

3. Has the patient had treatment for the same or related condition before? ☐ Yes ☐ No If yes, when and by whom? _____

4. On what date were you first consulted for this condition? _____

Give dates of treatment: _____ Office: _____

5. If hospitalized, give name and address of hospital and dates of confinement:

Name	Address	Dates - From/To
_____	_____	_____
_____	_____	_____

6. If surgery performed, please describe: _____

7. Prognosis: _____

I hereby authorize Zurich American Insurance Company or its representative to inspect all x-ray pictures, clinical records and to obtain full information, including etiology and prognosis, or other data that may be in my possession or under my control, and to make copies of same or any portion thereof, pertaining to:

(Name of Patient)

Signed _____ (Degree) (Social Security or Tax ID No.)

Date _____ Phone _____ Fax _____

Address _____ (City) (State) (ZipCode)

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."

LOUISIANA: "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."

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."