

**CLAIM FORM - Group Hospital-Surgical-Medical**

**INSTRUCTIONS**

**Administrative Concepts, Inc.**

994 Old Eagle School Road, Suite 1005  
Wayne, PA 19087-1809

**Toll Free:  
1-888-293-9229**

1. Complete this form.
2. Attach itemized bills for expenses.
3. Return form and attachments to ACI at the address shown at left.

(PLEASE PRINT)	TO BE COMPLETED BY THE INSURED
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1. Name of Insured Person	Name of Group	Policy Number
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2. Address	City & State	Zip	<input type="checkbox"/> Male	Date of Birth	<input type="checkbox"/> Married
			<input type="checkbox"/> Female	<input type="checkbox"/> Single	

3. Claim is made for:     Self                       Spouse                       Unmarried Child

(Check one)                       Unmarried Student attending (Name of School): \_\_\_\_\_

Does their employer cover spouse of child?     Yes     No    Employer Name: \_\_\_\_\_

4. Name of dependent for who claim is being made	Date of Birth	<input type="checkbox"/> Male
		<input type="checkbox"/> Female

5. Nature of Illness

Date a doctor was first seen for this condition	Doctor's Name and Address
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Was hospital confinement required? <input type="checkbox"/> Yes <input type="checkbox"/> No	Name of Hospital
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Has a Doctor been seen for this or a similar condition in the past?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Date(s):
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Doctor's Name and Address

6. Name and Address of Family Doctor

7. Is claim is based on an accident:

Was the accident due to injured person's occupation?     Yes     No

Date occurred	Time	Where did accident occur?
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How did accident happen?

8. Is claimant entitled to additional benefits under:	Yes	No
a. Group insurance or any other arrangement of coverage for individuals in a group?	<input type="checkbox"/>	<input type="checkbox"/>
b. Blue Cross, Blue Shield, or any other prepayment agreement?	<input type="checkbox"/>	<input type="checkbox"/>
c. Any coverage for student that is sponsored by or provided through a school or other educational institute?	<input type="checkbox"/>	<input type="checkbox"/>
d. Any federal, state, or other governmental program?	<input type="checkbox"/>	<input type="checkbox"/>

If answer to any of the above is yes, complete the following:

	<u>Insured</u>	<u>Policy No.</u>
	<u>Name &amp; Address of insurance company or organization</u>	
You		
Spouse		
Child		

I Hereby certify that the foregoing statements, including any accompanying statements, are true and complete to the best of my knowledge. I hereby authorize any physician, hospital, insurance company, organization or employer to release any information including full copies of their records to Administrative Concepts, Inc. for any medical treatment, services or benefits rendered or payable to me (or my dependants). I hereby authorize payment directly to such medical provider or any benefits otherwise payable to me but not to exceed the reasonable and customary charge for their covered services. A copy of this authorization shall be as valid as the original.

Signature of the insurer person                      Date \_\_\_\_\_                      Patient's Signature (if other than the insured)                      Date \_\_\_\_\_

*The laws of some states require us to furnish you with the following notices:*

**WARNING. Any person who knowingly:**

**Alabama:** Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or who knowingly presents false information in an application for insurance is guilty of a crime and may be subject to restitution fines or confinement in prison, or any combination thereof.

**Alaska:** 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, Arkansas and Rhode Island:** presents a false or fraudulent claim for payment of a loss or benefit is subject to criminal and civil penalties, or **specific to AR and RI:** 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 presents false or fraudulent claim for payment of a loss is guilty of a crime and may be subject to fines and confinement in state prison.

**Delaware:** and with intent to injure, defraud or deceive an insurer, files a statement of claim containing any false, incomplete or misleading information is guilty of a felony.

**District of Columbia:** 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 was provided by the applicant.

**Florida:** and with intent to injure, defraud, or deceive any insurer, files a statement of claim or application containing any false, incomplete, or misleading information is guilty of a felony of the third degree.

**Idaho and Indiana:** and with intent to defraud or deceive any insurance company, files a statement of claim containing any false, incomplete, or misleading information (for Idaho) is guilty of and (for Indiana) commits a felony.

**Kentucky, New York and Pennsylvania:** and with intent to defraud any insurance company or other person files an application for insurance, or files a statement of claim, containing any materially false information or conceals, for the purpose of misleading, information concerning any material fact thereto commits a fraudulent insurance act, which is a crime, **specific to PA:** subjects such person to criminal and civil penalties and **specific to NY:** 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.

**Louisiana, New Mexico, Texas and West Virginia:** presents a false or fraudulent claim for the payment of a loss (or **specific to LA, TX and W VA:** who knowingly presents false information on an application for insurance) is guilty of a crime and may be subject to fines and confinement in state prison, (or **specific to NM:** to civil fines and criminal penalties.)

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

**New Jersey:** files a statement of claim containing any false or misleading information is subject to criminal and civil penalties.

**Ohio:** 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:** 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:** and with intent to defraud any insurance company or other person files an application for insurance or a statement of claim containing any materially false information or conceals for the purpose of misleading, information concerning any fact material hereto, may be subject to prosecution for insurance fraud.

**Puerto Rico:** and with the intention of defrauding presents false information in an insurance application, or presents, helps, or causes the presentation of a fraudulent claim for the payment of a loss or any other benefit, or presents more than one claim for the same damage or loss, shall incur a felony and, upon conviction, shall be sanctioned for each violation with the penalty of a fine of not less than five thousand (5,000) dollars and not more than ten thousand (10,000) dollars, or a fixed term of imprisonment for three (3) years, or both penalties. If aggravating circumstances are present, the penalty thus established may be increased to a maximum of five (5) years; if extenuating circumstances are present, it may be reduced to a minimum of two (2) years.

**WARNING:**

**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.

**Hawaii:** Presenting a fraudulent claim for payment of a loss or benefit is a crime punishable by fines or imprisonment, or both.

**Maine/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 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.

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