

IMPORTANT NOTICE

Please read the statement that applies to your state of residence and sign the bottom of the page.

For residents of all states EXCEPT California, Colorado, Florida, Kentucky, Maine, New Jersey, New York, Oregon, Pennsylvania, Puerto Rico, Tennessee, Virginia and Washington: 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.

For Residents of California: For your protection, California law requires the following to appear on this form: Any person who knowingly presents 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.

For residents of 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 award payable from insurance proceeds shall be reported to the Colorado Division of Insurance within the Department of Regulatory Agencies.

For residents of 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.

For residents of Kentucky: Any person who knowingly and with intent to defraud any insurance company or other person files a statement of claim or an application for insurance 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.

For residents of Maine, Tennessee, Virginia and 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 and denial of insurance benefits.

For residents of New Jersey: Any person who knowingly files a statement of claim containing any false or misleading information is subject to criminal and civil penalties. Any person who includes any false or misleading information on an application for insurance policy is subject to criminal and civil penalties.

For residents of 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.

For residents of Oregon: 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 is subject to a denial and/or reduction in insurance benefits and may be subject to any civil penalties available.

For residents of 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 hereto commits a fraudulent insurance act, which is a crime and subjects such person to criminal and civil penalties.

For residents of Puerto Rico: Any person who knowingly 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 dollars (\$5,000) and not more than ten thousand dollars (\$10,000), or a fixed term of imprisonment for three (3) years, or both penalties. Should 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.

Signature

Date

ATTENDING PHYSICIAN'S STATEMENT - HEALTH INSURANCE CLAIM - GROUP OR INDIVIDUAL

Patient's Name and Address		Age
Diagnosis and Concurrent Conditions (If Fracture or Dislocation, describe Nature and Location)		
When did symptoms first appear or accident happen?	Date _____	
When did patient first consult you for this condition?	Date _____	
Has patient ever had same or similar condition? (If "Yes," state when and describe.)	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Nature of surgical procedure, if any. (Describe fully)	CPT Code _____	
	Date performed _____	
If performed in hospital, give name of hospital	<input type="checkbox"/> Inpatient <input type="checkbox"/> Outpatient	
Give dates of other medical (non-surgical) treatment, if any.	Office _____	
	Home _____	
	Hospital _____	
	Nursing Home _____	
Is patient still under your care for this condition? If "no," give date your services terminated.	<input type="checkbox"/> Yes <input type="checkbox"/> No Date _____	
To your knowledge, does patient have other health insurance or health plan coverage? If "Yes," identify.	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Is condition due to injury or sickness arising out of patient's employment? If "Yes," explain.	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Has patient been treated for this illness/injury in the past 12 months? If "Yes," give date(s) Date(s) of Treatment _____		
<input type="checkbox"/> Yes <input type="checkbox"/> No		
Date	Signature (Attending Physician)	Degree
Telephone		
Street Address	City or Town	State or Province
		Zip Code