

## **Claim Filing Kit: Critical Illness and Cancer and Heart/Stroke**

National General requires all records related to the illness be submitted with this claim form. Claims will not be eligible for review until all required documents are received. It is your responsibility to provide the following to us:

- **Completed claim form.** Complete the attached claim form, in its entirety.
  - **HIPAA Authorization.**  
Must be signed by patient or, if a minor, a legal guardian.
  - **Physician Statement.**  
Must be completed and signed by your treating physician.
- **Medical notes:**
  - **Cancer Claims.** A pathology report showing the positive diagnosis of cancer and the date of diagnosis.
  - **Critical Illness and Heart/Stroke Claims.** All medical records associated with the illness, from the provider including a print out from your pharmacy with all current medications.
- **All required documentation should be submitted to:**

National General Accident & Health  
**Mail:** P.O. Box 3252  
Milwaukee, WI 53201-3252  
317-284-7281  
**Fax:** NationalGeneral.customerservice@keybenefit.com  
**Email:**

Once we receive the required documentation we will begin the claim review process in accordance to the provisions of the policy. Completing and submitting the requested documentation is not a guarantee of benefits. Always refer to your policy documents for the complete listing of benefits, limitations and exclusions

If you have any questions about this kit, please call 855-323-4750.

**Critical Illness and Cancer and Heart/Stroke Claim Form**

**General Information** — *to be completed by Policy Owner.*

Critical Illness and/or Cancer and Heart/Stroke Policy Number(s): \_\_\_\_\_

Policy Owner Full Name: \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Employer: \_\_\_\_\_

Occupation: \_\_\_\_\_

Nature of Illness: \_\_\_\_\_

**Statement of Loss** — *to be completed by insured, or Claimant, if other than insured.*

Claimant Full Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ (MM/DD/YY)

Relationship to Policy Holder (*circle one*): Self Spouse Child Other

If other, please define: \_\_\_\_\_

Describe Sickness:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Primary Care Physician**

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_

List all providers, including pharmacies, who have treated you for the past 5 years (Include name, address & telephone number): \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Date you first consulted this physician for this condition: \_\_\_\_\_ (MM/DD/YY)

Have you ever had this condition before? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, when? \_\_\_\_ / \_\_\_\_ / \_\_\_\_ (MM/DD/YY)

\*You must file with all other responsible parties first. This policy provides Excess benefits only. in the absence of other insurance, charges may be subject to a higher deductible. please refer to the Scope of Benefits section of your Certificate of Coverage.

Patient Name: \_\_\_\_\_

**THE FOLLOWING AUTHORIZATION MUST BE SIGNED BY PATIENT BEFORE CLAIM CAN BE PROCESSED**

Any person who knowingly, and with intent to defraud, or deceive an insurance company, who files a statement of claim containing any false, incomplete, or misleading information is guilty of insurance fraud. Insurance fraud is a felony. Please refer to the State Specific Fraud Statements at the end of this packet.

**HIPAA AUTHORIZATION**

I hereby authorize any health care provider or medically related facility, pharmacy or pharmacy related facility, the Medical Information Bureau, Inc., consumer reporting agency, insurance or reinsurance company or employer having information about me to provide all such information as may be requested by National Health Insurance Company, Integon National Insurance Company, Integon Indemnity Corporation or Time Insurance Company (collectively hereafter "National General"), its legal representative or any medical records retrieval service National General may engage, including but not limited to EMSI. This authorization includes any and all information you have about me, including but not limited to information regarding diagnosis, testing, treatment and prognosis of my physical or mental condition as well as alcohol abuse treatment, drug abuse treatment, psychiatric treatment, pharmacy prescriptions, HIV testing and treatment, STD testing and treatment, sickle cell testing and treatment, prescription history, lab data and EKGs. This information also may be disclosed to any medical records company engaged by National General, including but not limited to EMSI and its agents. Although federal regulations require that we inform you of the potential that information disclosed pursuant to this authorization may be subject to re-disclosure by the recipient and no longer be protected by such regulation, all information received by National General pursuant to this authorization will be protected by federal and state privacy laws and regulations. A copy of this authorization will be valid as the original. I understand that this authorization is required in order to enable National General to make payment determinations relating to me and/or my minor children. I may refuse to sign this authorization; however, National General may not be able to make a payment determination without the required information. I understand that I may revoke this authorization at any time by notifying National General in writing of my desire to revoke. Such revocation must be sent by certified mail to Privacy Office, National General at PO Box 3252, Milwaukee, WI 53201-3252. Such revocation will not be valid if National General has taken action in reliance on the authorization. Unless an earlier date is required by law, this authorization expires when I am no longer a policyholder of National General.

\_\_\_\_\_  
Signature of Patient (Parent if Child, Executor, POA, or Surviving Spouse — Supporting Documentation Required)

\_\_\_\_\_  
Date

## Physician Statement

The treating physician must complete this section and submit the completed form and all supporting documentation of the diagnosis to National General by either:

Fax: 317-284-7281 or Email: NationalGeneral.customerservice@keybenefit.com

### Patient's Information

Last Name: \_\_\_\_\_ First name: \_\_\_\_\_ MI: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ (MM/DD/YY) Gender: Male  Female

Date patient first consulted you for this condition: \_\_\_\_\_ (MM/DD/YY)

Date patient was first diagnosed with this condition: \_\_\_\_\_ (MM/DD/YY)

If hospitalized, provide the date range. From date: \_\_\_\_\_ To date: \_\_\_\_\_

Applicable diagnosis codes: \_\_\_\_\_

Applicable procedure (CPT) codes: \_\_\_\_\_

Name and Address of Facility where services were rendered: \_\_\_\_\_

Have you previously treated this patient?  Yes  No

If "Yes", provide illness and dates treated: \_\_\_\_\_  
\_\_\_\_\_ From date: \_\_\_\_\_ To date: \_\_\_\_\_

Has this patient ever had the same or similar conditions?  Yes  No

If "Yes", please describe and provide dates: \_\_\_\_\_  
\_\_\_\_\_ From date: \_\_\_\_\_ To date: \_\_\_\_\_

Does the patient suffer from any chronic illness?  Yes  No

If "Yes", please identify: \_\_\_\_\_

Does the patient take prescription medication regularly?  Yes  No

If "Yes", please identify: \_\_\_\_\_

Has any other physician ever treated the patient for this condition?  Yes  No

Name and Address of physician who previously treated this patient: \_\_\_\_\_

Name and Address of referring physician: \_\_\_\_\_

Referring physician's phone number: \_\_\_\_\_

**I hereby certify that the above information is true and correct to the best of my knowledge and belief.**

Physician's Name — printed: \_\_\_\_\_

Address — including city, state and zip code: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Fax Number: \_\_\_\_\_

Signature — including degrees and credentials

Date: \_\_\_\_\_

## State Specific Fraud Statements:

The law in **ALASKA** states: "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."

For your protection the law in **ARIZONA** states: "Any person who knowingly presents a false or fraudulent claim for payment of a loss is subject to criminal and civil penalties."

The law in **ARKANSAS** states: "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 your protection the law in **CALIFORNIA** states: "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."

The law in **COLORADO** states: "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."

The law in **DELAWARE** states: "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."

The law in the **DISTRICT OF COLUMBIA** states: "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 was provided by the applicant."

The law in **FLORIDA** states: "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."

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

The law in **INDIANA** states: "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."

The law in **KENTUCKY** states: "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."

The law in **LOUISIANA** states: "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."

The law in **MAINE** states: "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."

National General Accident & Health markets products underwritten by National Health Insurance Company, Time Insurance Company,

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

## State Specific Fraud Statements:

The law in **NEW HAMPSHIRE** states: "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."

The law in **NEW JERSEY** states: "Any person who knowingly files a statement of claim containing any false or misleading information is subject to criminal and civil penalties."

The law in **NEW MEXICO** states: "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."

The law in **NEW YORK** states: "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."

The law in **OHIO** states: "Any person who, with intent to defraud or knowing that he/she 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."

The law in **OKLAHOMA** states "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."

The law in **PENNSYLVANIA** states: "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 act, which is a crime and subjects such person to criminal and civil penalties."

The law in **RHODE ISLAND** states: "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."

The law in **TENNESSEE** states: "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."

The law in **TEXAS** states: "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."

The law in **VIRGINIA** states: "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."

The law in **WASHINGTON** states: "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."

The law in **WEST VIRGINIA** states: "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."