

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

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) 212-5014.

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.

HIPAA Compliant Authorization to Release Confidential Medical Information

Primary Insured: _____ Member ID#: _____
Claimant: _____ Claimant Date of Birth: _____

******Specifics to be released: <5 Years prior to effective date> to present******

Records and information obtained will be disclosed to National Health Insurance Company, Integon National Insurance Company, and/or Integon Indemnity Corporation collectively referred to herein as "National General Accident & Health" (or any consumer reporting agency authorized by National General Accident & Health), its legal representative, its third party administrator(s), or any medical records retrieval service National General Accident & Health may engage, including, but not limited to, Examination Management Services, Inc. (EMSI), and its agents.

The purpose of this disclosure is to evaluate the eligibility of benefits or my claims for payment. I hereby authorize any and all of my medical practitioners, physicians, pharmacists, hospitals, clinics, nurses, records custodians, or any other provider to release any and all records and information within their possession, custody or control regarding me pursuant to this Authorization. Any and all records and information regarding diagnosis, testing, treatment and prognosis of my physical or mental condition are to be released. Such records and information to be release may include, but not to be limited to, the following: alcohol abuse treatment, drug abuse treatment, psychiatric treatment, pharmacy prescriptions, HIV testing and treatment, Acquired Immune Deficiency Syndrome (AIDS), STD testing and treatment, genetic testing, Sickle Cell testing and treatment, lab data and EKG's.

This authorization will remain in effect for a maximum of one year from the date of my signature below.

I understand that I may revoke this authorization at any time by sending a written notification to the address listed above, or fax to 317-284-7281. This revocation will be effective for further uses and disclosures only and will not apply to information that has already been used or disclosed, relying on this authorization. I understand that I may refuse this authorization. I further understand that refusing to sign this authorization may result in non-payment of claims.

Signature of patient/guardian/personal representative: _____

Legal relationship to claimant: _____ Date: _____
(Only if signed above by guardian or personal representative)

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.”