

Claim Filing Instructions: Accident Medical Expense

National General requires all records related to the covered accident 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.
- Medical Records.** Any provider records or facility records (this includes hospital discharge reports, surgical center and urgent care reports) which include initial and ongoing treatment of the accident, injury or diagnosis. This documentation can be obtained directly from the healthcare provider(s) by request from the patient.
- Itemized Billing Statement:** If you do not have major medical health insurance, you must submit an Itemized Bill that must include **Diagnosis codes and Procedure codes**. Itemized bills can be obtained from the healthcare provider(s) by request from the patient.
- All Explanation of Benefit (EOB) documents.** Any EOB's from your primary major medical carrier, inclusive of all services related to the loss for which you are filing this claim. (Sample attached)
- All required documentation should be submitted by:**
 - 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

Important Note: Your major medical claims must be filed prior to the Accident Medical Expense Insurance claim. Accident Medical Expense Insurance is designed to help offset any remaining out-of-pocket costs after your primary insurance coverage.

If the loss is eligible for coverage by your auto or homeowner's insurance, those policies' benefits must be exhausted prior to the Accident Medical Expense Insurance claim filing.

If you have any questions about this form, please call (855) 212-5014

Accident Medical Expense Claim Form

General Information

Please indicate "Not Applicable" (N/A) for questions that do not apply to your situation.

Claimant Name: _____

ID Number: _____

Address: _____

Phone Number: _____

Accident Information

Date of accident: ___/___/___

Time of Day: ___:___ am/pm

Date of initial medical treatment: ___/___/___

Place of accident or injury (if other than your primary residence or personal vehicle):

Complete Address: _____

Property Owner (if known) : _____

Was this a work related accident? Yes No

Was this an automobile accident? Yes No - (If "Yes", please provide a copy of the accident report)

Is another person/company/property owner liable for this accident? Yes No

If "Yes", please provide name, address, phone number and insurance carrier, if known:

Do you have insurance, besides medical, that is primarily liable for this accident? Yes* No

If "Yes", please provide insurance name, address, phone number and policy number:

Did you have medical insurance coverage on the reported accident date? Yes* No

If "Yes", please provide insurance name, address, phone number and policy number:

Please list your primary medical providers (physician, hospital, etc.) involved with this incident:

Accident Details

Please give complete details of the accident/injury:

***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.**

Any person who knowingly, and with intent to injure, 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 section of this packet for information on your state.

Signature of Claimant

Date

Signature of Witness - if signed by Representative

Date

Signature of Subscriber - if Claimant is a minor

Date

Please return all pages of this form along with the additional required documentation and retain copies of all correspondence for your records.

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.”

PO Box 3252
Milwaukee WI 53201

Explanation of Benefits



[SF-]

**THIS IS NOT A BILL
RETAIN FOR TAX PURPOSES**

Forwarding Service Requested

Jane Doe
321 Any Place Street
Any Town, State Zip

1

Customer Care Information

If you have questions, Customer Service is available
Monday - Friday between the hours of 8:00am - 7:00pm,
Eastern Standard Time
at 855-212-5014

Group:
Group #:
Member:
Policy:
Paid Date:

**Member
Copy**

Claim #: 123456789

Provider:

Provider Tax ID #:

Patient:

Claim Detail

Type of Service	Service Description	Date of Service	Billed Amount	Network Discount	Ineligible Amount	Deductible	Remark Code	Plan Pays
Emergency Room	Hospital Fee		\$ 150.00	\$50.00		\$100.00		\$0.00
								\$0.00
Patient's Responsibility: \$100.00						Other Insurance Payment:		\$0.00
						Plan Payment to Enrollee:		\$0.00
						Plan Payment to Provider:		\$0.00
						Total Payment Amount:		\$0.00

Services

Code	Description
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Remarks

Code	Description
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