



- 1. PLEASE FULLY COMPLETE THIS FORM
 - 2. ATTACH ITEMIZED BILLS
 - 3. MAIL TO HSR
- E-mail : UBAclaims@hsri.com

Health Special Risk, Inc.
 4100 Medical Parkway, Suite 200
 Carrollton, Texas 75007
 Phone: (866) 523-3199 Fax: (972) 512-5816

Policy Number:
 9908-17-48

Policy Name:

PART I – INSURED

Personal Information			
First Name	Middle	Last Name	
Date of Birth (mm/dd/yyyy)		Member ID	
Address			
City	State	Zip	
Phone		Email	
Claim Information			

1) Exact Nature of Injury or Illness: _____

a) If an Injury, Description of Accident:

2) Date Injury/ Illness Occurred: ____ / ____ / ____ (mm/dd/yyyy) 3) Is Injury/ Illness condition work related? Yes No

4) Is Injury/ Illness condition due to an auto accident? Yes No

a. If Yes, Driver License #: _____ State: _____ b. What type of Vehicle: _____

5) Did the Injury/ Illness require a Physician Office Visit? Yes No

6) Did the Injury/ Illness require an Emergency Room Visit? Yes No

7) Due to the Injury/ Illness, were you admitted to the Hospital? Yes No

Name of Hospital or Surgical facility where admitted:
 _____ City: _____ State: _____

Hospital Admission Date: ____ / ____ / ____ (mm/dd/yyyy) Discharge Date: ____ / ____ / ____ (mm/dd/yyyy)
*Discharge Date is not included in the benefit calculation

8) Was your stay in: Semi-Private or Private _____ # of Days ICU _____ # of Days

9) Did the Injury/ Illness require you to have Surgery? Yes No Surgery Date: ____ / ____ / ____ (mm/dd/yyyy)

Name of Hospital or Surgical facility where performed:
 _____ City: _____ State: _____

I understand that 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.

SIGNATURE _____ DATE _____

By entering your name above, you are signing this claim form electronically. You agree your electronic signature is the legal equivalent of your manual/handwritten signature on this claim form.

FRAUD STATEMENTS

FOR RESIDENTS OF ALL STATES OTHER THAN THOSE LISTED BELOW:

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.

Alaska and Kentucky: Any person who knowingly and with intent to defraud any insurance company or other person files a statement of claim containing any materially false, incomplete or misleading information or conceals, for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime and may be prosecuted under state law.

Arizona: For your protection Arizona law requires the following statement to appear on this form. Any person who knowingly presents a false or fraudulent claim for payment of a loss is subject to criminal and civil penalties.

Arkansas, Louisiana, Maryland, West Virginia & Rhode Island: Warning: 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.

California: For your protection California law requires the following to appear on this form: 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.

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.

Connecticut: This form must be completed in its entirety. Any person who intentionally misrepresents or intentionally fails to disclose any material fact related to a claimed injury may be guilty of a felony.

Delaware, Idaho, Indiana: 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.

District of Columbia: 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.

Florida: WARNING : 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.

Hawaii: For your protection, Hawaii law requires you to be informed that presenting a fraudulent claim for payment of a loss or benefit is a crime punishable by fines or imprisonment, or both.

Georgia: Any natural person who knowingly or willfully

1) Makes or aids in the making of any false or fraudulent statement or representation of any material fact or thing:

- a) In any written statement;
- b) In the filing of a claim; or

c) In the receiving of money for an application for a policy of insurance for the purpose of procuring or attempting to procure the payment of any false or fraudulent claim or other benefit by an insurer;

2) Receives money for the purpose of purchasing insurance and converts such money to such persons own benefit;

3) Issues fake or counterfeit insurance policies, certificates of insurance, insurance identification cards, or insurance binders; or

4) Makes any false or fraudulent representation as to the death or disability of a policy or certificate holder in any written statement for the purpose of fraudulently obtaining money or benefit from an insurer commits the crime of insurance fraud.

Maine: 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.

Michigan, North Dakota, South Dakota: Any person who knowingly and with intent to defraud any insurance company or another 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, and subjects the person to criminal and civil penalties.

Minnesota: A person who files a claim with intent to defraud or helps commit a fraud against an insurer is guilty of a crime.

Nevada: Any person who knowingly files a statement of claim containing any misrepresentation or any false, incomplete or misleading information may be guilty of a criminal act punishable under state or federal law, or both, and may be subject to civil penalties.

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.

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

New Mexico and 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 thereto commits a fraudulent insurance act, which is a crime and subjects such person to criminal and civil penalties.

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.

Ohio: Any person who, 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: 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.

Oregon: Warning: Any person who knowingly, and with intent to defraud any insurance company or other persons 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, may be subject to prosecution for insurance fraud.

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

Texas: 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.

Insurance Claim Filing Instructions

A properly completed claim form will assist us in the prompt processing of your claim – Incomplete claim forms are one of the most frequent reasons why claim payments are delayed.

Claim Form:

- The claim form should be fully completed, signed and dated.
- Claim form must be given within 20 days, but failure to meet the 20 days will not invalidate or reduce claim if given as soon as reasonably possible.
- Only one claim form is required for each accident.
- Make a copy for yourself and mail to the address below.
-

Your Bills:

- Advise all physicians /hospitals of your coverage and provide them with Policy information so that they may submit their itemized bills to **HSR** for consideration **OR** you may submit the itemized bills yourself to the address below.
- All bills should include the name of the physician/hospital, their complete mailing address, telephone number, the date of service, reason for visit, diagnosis code, and itemized list of billed charges including CPT procedure codes.
- We do not pay from Balance Due Statements from your physician or hospital.
- In-Hospital Indemnity, Intensive Care Indemnity, and Emergency Room Visit Indemnity: Requires copy of Hospital UB to determine the number of days confined and reason why.
- Physician Office Visit Indemnity: Requires copy of physician bill.
- Surgical Indemnity Benefit: Requires copy of Anesthesia invoice to confirm the procedure.

If you have any questions, please contact Customer Service at (800) 328-1114. They are available from 8:00 a.m. to 6:00 p.m., Monday – Friday. You may also fax documents to (972) 512-5820.

Return Claim Form to:
Health Special Risk, Inc
4100 Medical Parkway, Suite 200
Carrollton, Texas 75007