HealthSmart

BENEFIT REQUEST FORM S

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TO BE COMPLETED BY STUDENT

1. School Name: _____ Policy # _____
2. Insured Student _____ Group # _____
3. Local Address _____
4. Home Address _____
5. Date of Birth: ____ / ____ / ____ Local Phone _____ Home Phone: _____
6. Patient Status: ☐ Male ☐ Female ☐ Single ☐ Married Plan Member ID _____

   Is this claim for a dependent? ☐ Yes ☐ No If yes, give name: _____

   Relationship: _____ Date of Birth: ____ / ____ / ____

COMPLETE THIS SECTION FOR ACCIDENT CLAIM

7. Is this claim the result of an accident? ☐ Yes ☐ No If yes, give date of accident: ____ / ____ / ____ Time of Accident: ____
8. Is this claim the result of a work-related injury? ☐ Yes ☐ No

   Is this claim the result of an auto accident? ☐ Yes ☐ No

   Is this claim the result of sports participation? ☐ Yes ☐ No If "yes" ☐ intercollegiate ☐ intramural ☐ club ☐ other
9. Where did the accident occur? _____

   How did the accident happen? _____

COMPLETE THIS SECTION FOR SICKNESS CLAIM

10. Name of physician: _____ Date of initial service ____ / ____ / ____
11. Description of Illness: _____
12. Has the patient been treated for the above condition(s) in the last 12 months? ☐ Yes ☐ No

    If "yes" give condition(s) treated for and date(s) of treatment: _____

COMPLETE THIS SECTION FOR ALL CLAIMS (ACCIDENT OR SICKNESS)

13. Is patient covered for benefits by any Group Health, Employer, Union, Welfare Plan or Parent Health Plan? ☐ Yes ☐ No

    Other coverage provided through: Name of Person _____ Relationship _____

    If answered "yes" please complete the following:

    Insurance Co. or Benefit Plan _____ Employer or Sponsor _____

    Address _____ Address _____

    Telephone: _____ Telephone _____

    Policy # _____ Please include a photocopy of other plan identification card, if available
14. To be completed regardless of age of patient:

    Is patient covered under MEDICARE Hospital Insurance (Part A) ☐ Yes Eff. Mo. ____ /Day ____ /Yr. ____ ☐ No

    Is patient covered under MEDICARE Hospital Insurance (Part B) ☐ Yes Eff. Mo. ____ /Day ____ /Yr. ____ ☐ No
15. I hereby authorize any Insurance Company, Organization, Employer, Hospital, Physician, Surgeon or Pharmacist to release any information requested with respect to this claim.

    It is unlawful to knowingly provide false, incomplete or misleading facts or information regarding a claim for the purpose of defrauding or attempting to defraud to receive benefits. Penalties may include imprisonment, fines, denial of benefits and/or civil damages. Please refer to the following page for your state of residence fraud language.

Signature of Insured Student _____ Date _____ 20 ____

Patient's or Authorized Person's Signature _____ Date _____ 20 ____

COMPLETE THIS SECTION ONLY IF YOU WISH THE BENEFITS TO GO DIRECTLY TO THE PROVIDER(S)

Authorization to Pay Benefits: I hereby authorize payment directly to: any physician or provider of service for which I am submitting attached billings and charges.
For the expenses provided under my Group Medical Expense Benefits, I understand I am financially responsible for charges not covered by this authorization.

Signature

The following FRAUD LANGUAGE is attached to, and made part of this claim form. Please read and do not remove this page from this claim form.

** **Alaska and Oregon:** 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.
** **Arkansas, Louisiana, Maryland, or Rhode Island:** 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.
** **Arizona and New Jersey:** Any person who knowingly presents a false or fraudulent claim for payment of a loss is subject to criminal and civil penalties
** **District of Columbia, Tennessee, Virginia, and Washington:** WARNING: 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.
** **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.
** **Delaware:** 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.
** **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.
** **Idaho:** Any person who knowingly, and with intent to defraud or deceive any insurance company, files a statement containing any false, incomplete, or misleading information is guilty of a felony.
** **Indiana:** 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.
** **Kentucky:** Any person who knowingly and with intent to defraud any insurance company or other person files 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.
** **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.
** **Minnesota:** A person who files a claim with intent to defraud or helps commit a fraud against an insurer is guilty of a crime.
** **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 of insurance fraud, as provided in RSA 638:20.
** **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 act, which is a crime and shall also be subject to a civil penalty not to exceed five thousand dollars and the state value of the claim for each such violation.
** **New Mexico:** ANY PERSON WHO KNOWINGLY PRESENTS A FALSE OR FRAUDULENT CLAIM FOR PAYMENT OF A LOSS OR BENEFIT OR KNOWINGLY PRESENTS FALSE INFORMATION IN APPLICATION FOR INSURANCE IS GUILTY OF A CRIME AND MAY BE SUBJECT TO CIVIL FINES
AND PENALTIES.
** **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.
** **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.
** **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.
** **If you live in a state other than mentioned above, the following statement applies to you:** Any person who knowingly, and with intent to injure, defraud or deceive any insurer or insurance company, files a statement of claim containing any materially false, incomplete, or misleading information or conceals any fact material thereto, may be guilty of a fraudulent act, may be prosecuted under state law and may be subject to civil and criminal penalties. In addition, any insurer or insurance company may deny benefits if false information is related to a claim by the claimant.