



MEDICAL CLAIM FORM

Return to:
 ACI
 P.O. Box 4000
 Collegeville, PA 19426
 Phone: (610)-293-9229

Instructions for Filing your Claim

The insured must complete, sign, and mail this form with itemized bills to Pan-American Life to the address above within 90 days of the accident or commencement of sickness. Itemized bills must include:

- Patient name
- Date of service
- Charge for the service
- Type of service/Procedure code/Revenue code
- Diagnosis code (ICD format)
- Health care provider name
- Health care provider address
- Health care provider Tax ID number
- Proof of Payment/Receipt

Insured's Information					
Group Name <i>(on the front of your ID card)</i>			Group No. <i>(on the front of your ID card)</i>		
Insured's First Name		Last Name		Date of Birth	Certificate Number or SSN
Home Address		City	State	Zip Code	Is this a new address? Yes No
Patient's Information					
Patient's First Name		Last Name		Date of Birth	Relationship to Insured Self Spouse Child
Is the claim a result of an accidental injury? Yes No			Does the accident or illness result from the patient's occupation? Yes No		
Date of Injury			Where did it happen?		
Provide details of accident and injuries: (Please attach a separate page, if more space is needed.)					
Authorization of Payment					
I hereby authorize any dentist, physician, insurance company, organization or plan sponsor to release any information including full copies of their records to Pan-American Life Insurance Company or its administrator for any medical treatment, services or benefits rendered or payable to me on my behalf. A copy of this authorization shall be as valid as the original.					
I hereby certify that the foregoing answers are true and correct, to the best of my knowledge. Whoever in any document required by the title of the employee retirement income security act of 1974 makes any false statement or representation of fact shall be fined not more than \$10,000, or imprisoned not more than five years or both.					
Insured's signature			Patient's signature (if not the insured)		Date

Authorization of Payment to the Insured

To authorize payment directly to the insured, please make that authorization by signing below

Insured's signature	Date
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See Fraud Warning on Back

FRAUD WARNING

For your protection, the laws of several states, including Alaska, Connecticut, District of Columbia, Delaware, Georgia, Indiana, Illinois, Idaho, Indiana, Iowa, Kansas, Kentucky, Massachusetts, Michigan, Minnesota, Mississippi, Missouri, Montana, North Carolina, Nebraska, Nevada, North Dakota, Ohio, Oklahoma, Oregon, South Carolina, South Dakota, Utah, Wyoming, Wisconsin, and others require the following or substantially similar warning statement to appear on this form.

FRAUD WARNING

"Any person who knowingly, and with intent to injure, defraud, or deceive an insurance company, submits an application and/or files a statement of claim containing any false, incomplete, misleading information is guilty of insurance fraud which is a felony."

FRAUD WARNING FOR ALABAMA AND ARKANSAS RESIDENTS

"Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or who knowingly presents false information in an application for insurance is guilty of a crime and may be subject to restitution fines or confinement in prison, or any combination thereof."

FRAUD WARNING FOR ALASKA, MINNESOTA RESIDENTS

"A person who knowingly, and with intent to injure, defraud, or deceive an insurance company, files a claim containing false, incomplete, or misleading information is guilty of a crime and may be prosecuted under state law"

FRAUD WARNING FOR ARIZONA, NEW JERSEY RESIDENTS

"Any person who knowingly presents a false or fraudulent claim for payment of a loss is subject to criminal and civil penalties."

FRAUD WARNING FOR TEXAS & CALIFORNIA and TEXAS RESIDENTS

For your protection California Law requires the following to appear in this form (for California only): "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."

FRAUD WARNING FOR COLORADO RESIDENTS

"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."

FRAUD WARNING FOR DISTRICT OF COLUMBIA, TENNESSE, VIRGINIA AND WASHINGTON RESIDENTS

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."

FRAUD WARNING FOR FLORIDA, DELAWARE, IDAHO, INDIANA, OKLAHOMA RESIDENTS

"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."

FRAUD WARNING FOR KENTUCKY, MASSACHUSETTS, NEBRASKA AND PENNSYLVANIA RESIDENTS

"Any person who knowingly and with intent to defraud any insurance company or another person files an application for insurance or statement of claim containing any materially false information concerning any fact material thereto, may be committing a fraudulent insurance act, which may be a crime and may subject the person to criminal and civil penalties."

FRAUD WARNING FOR LOUISIANA, MARYLAND, NEW MEXICO, RHODE ISLAND, AND WEST VIRGINIA RESIDENTS

"Any person who knowingly or willfully 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 confinement in prison."

FRAUD WARNING FOR OHIO RESIDENTS

"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."

FRAUD WARNING FOR PUERTO RICO RESIDENTS

"Any person who knowingly, and with the intention to defraud, includes false information in an application for insurance or file, assist or abet in the filing of a fraudulent claim to obtain payment of a loss or other benefit, or files more than one claim for the same loss or damage, commits a felony and if found guilty shall be punished for each violation with a fine of no less than five thousand dollars (\$5,000), not to exceed ten thousand dollars (\$10,000); or imprisoned for a fixed term of three (3) years, or both. If aggravating circumstances exist, the fixed jail term may be increased to a maximum of five (5) years; and if mitigating circumstances are present, the jail term may be reduced to a minimum of two (2) years."

Notice Concerning Your Rights of Privacy as a Consumer

Pan-American Life Insurance Company collects nonpublic information about you from the following sources:

- Information we receive from you in applications or other forms;
- Information about your transactions with us, our affiliates or others; and
- Information we receive from a consumer reporting agency

We do not disclose any nonpublic information about our customers or former customers to anyone, except as permitted by law.

We restrict access to your nonpublic personal information to those PALIC employees who need to know that information to provide products or services. We maintain physical, electronic and procedural safeguards that comply with federal regulations to guard your nonpublic personal information.