

Helpful Hints



CONSECO.

HOSPITAL INDEMNITY INSURANCE CLAIM FORMS

Failure to complete the required sections may result in a delay in processing this claim.

We value you as a policyowner and want to make the process of filing a claim as fast and as simple for you as possible. To assist you with the process, we are providing these instructions:

HOW TO COMPLETE THE CLAIM FORM

- ✓ Be sure to include the policy/certificate number.
- ✓ Please complete each box of the claim form – indicate “N/A” if a response is not applicable.
- ✓ The patient or guardian must sign the claim form.

SUPPORTING DOCUMENTATION

Failure to submit required documentation may result in delay in processing this claim.

- ✓ Submit all bills related to this claim. All bills should be itemized and should include the diagnosis, services rendered and actual charges.
- ✓ If you were treated in the Emergency Room, please submit a copy of the Emergency Room report.
- ✓ If the injury resulted from an auto accident, a copy of the accident report is required.
- ✓ We require a copy of the police accident report and toxicology report (if applicable) for all motor vehicle accident claims and other incidents investigated by any law enforcement agency.
- ✓ Send a copy of your hospital bill (UB92, UB04 or CMS 1450) that indicates the number of days confined.
- ✓ Please include a certified copy of the death certificate if the patient is deceased.

WHERE TO SUBMIT CLAIMS

Mail all Hospital Indemnity Insurance Claims to:

Claim Processing
PO Box 2024
Carmel IN 46082-2024

Phone calls can be directed to (800) 981-8404.

THREE COMMON REASONS WHY CLAIMS ARE DELAYED

1. Missing itemized bills or other required supporting documentation
2. Claim form not completed in its entirety – a response or “N/A” in each box
3. Policy/Certificate numbers not included on the claim form and/or other supporting documentation



HOSPITAL INDEMNITY INSURANCE CLAIM FORM

Failure to complete the required sections may result in a delay in processing this claim.

Please select the appropriate company:

- Conseco Insurance Company
- Conseco Health Insurance Company
- Conseco Senior Health Insurance Company
- Washington National Insurance Company

POLICYOWNER INFORMATION

POLICY NUMBER / CERTIFICATE NUMBER		
LAST NAME	FIRST NAME	MIDDLE INITIAL
SOCIAL SECURITY NUMBER (optional)	BIRTH DATE ____/____/____	PHONE NUMBER ()
ADDRESS <input type="checkbox"/> Check box if this is a new permanent address		
CITY	STATE	ZIP

PATIENT INFORMATION

LAST NAME	FIRST NAME	MIDDLE INITIAL		
SOCIAL SECURITY NUMBER (optional)	BIRTH DATE ____/____/____	PHONE NUMBER ()		
PATIENT'S EMPLOYER	PATIENT'S OCCUPATION	PATIENT'S HEIGHT	PATIENT'S WEIGHT	
EMPLOYER ADDRESS		CITY	STATE	ZIP
HOSPITAL STAY, NAME: DATES: FROM ____/____/____ TO ____/____/____		NURSING HOME STAY, NAME: DATES: FROM ____/____/____ TO ____/____/____		
DATE YOU FIRST BECAME ILL ____/____/____	DATE OF ACCIDENT ____/____/____	DATE YOU FIRST SAW ANY DOCTOR FOR THIS CONDITION ____/____/____		

IF ACCIDENT, HOW DID IT HAPPEN?

PLEASE CHECK IF FILING FOR THE FOLLOWING BENEFIT(S): <input type="checkbox"/> EMERGENCY TRANSPORTATION <input type="checkbox"/> PET BOARDING	DID YOU OR WILL YOU FILE A WORKER'S COMPENSATION CLAIM? <input type="checkbox"/> Yes <input type="checkbox"/> No		
IMPORTANT – IS THE PATIENT COVERED BY ANOTHER HOSPITAL/MEDICAL COVERAGE? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Group <input type="checkbox"/> Individual	POLICY NUMBER		
OTHER INSURANCE COMPANY NAME AND ADDRESS	CITY	STATE	ZIP
IF CHILDBIRTH, BABY'S NAME	BIRTH DATE ____/____/____	GENDER <input type="checkbox"/> M <input type="checkbox"/> F	

PHYSICIAN INFORMATION

TREATING PHYSICIAN'S NAME	PHONE NUMBER ()	FAX NUMBER ()	
ADDRESS	CITY	STATE	ZIP
REGULAR FAMILY PHYSICIAN'S NAME	PHONE NUMBER ()	FAX NUMBER ()	
ADDRESS	CITY	STATE	ZIP

IMPORTANT PLEASE SIGN

SIGNED (Patient or parent if child) _____ DATE _____

FRAUD WARNINGS

February 28, 2006

AK / DE 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 may be prosecuted under state law.

AZ residents: 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.

AR residents: 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.

CA residents: For your protection California law requires the following to appear on this form. Any person who knowingly presents 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.

CO 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.

DC 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, the insurer may deny insurance benefits if false information materially related to a claim was provided by the applicant.

FL residents: Any person who knowingly and with intent to injure, defraud, or deceive any insurer files a statement of claim or an application containing false, incomplete, or misleading information is guilty of a felony of the third degree.

ID residents: Any person who knowingly and with intent to defraud or deceive an insurer files a statement of claim containing any false, incomplete, or misleading information is guilty of a felony.

IN: A person who knowingly and with intent to defraud an insurer files a statement of claim containing false, incomplete, or misleading information commits a felony.

KY: 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.

LA residents: 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.

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

NM residents: 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.

ME / TN / VA residents: 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.

NH residents: Any person who, with the 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.

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

NY residents: 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 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.

OH /OR 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.

OK residents: 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.

PA residents: 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.

PR residents: Any person who, knowingly and with the intent to defraud, presents false information in an insurance request form, or who presents, helps or has presented a fraudulent claim for the payment of a loss or other benefit, or presents more than one claim for the same damage or loss, will incur a felony, and upon conviction will be penalized for each violation with a fine of no less than five thousand (5,000) dollars no more than ten thousand (10,000) dollars, or imprisonment for a fixed term of three (3) years, or both penalties. If aggravated circumstances prevail, the fixed established imprisonment may be increased to a maximum of five (5) years; if attenuating circumstances prevail, it may be reduced to a minimum of two (2) years.

All other states residents: Any person who knowingly and with intent to defraud any insurance company that submits an application for insurance or statement of claim containing any materially false information, or conceals information concerning any fact material thereto for the purpose of misleading, may be committing a crime which is subject to criminal and civil penalties.