Medical Expense Claim Form

Arch | Insurance

Claims Department: Executive Plaza IV, 11350 McCormick Road, Suite 102, Hunt Valley, MD 21031
Phone No: 1-888-259-3236 | Fax: 443-279-2901 | Email: claims@archinsurancesolutions.com

Medical Expense Claim Instructions

Your policy provides excess medical insurance coverage providing benefits in excess of the benefits provided under your primary medical insurance policy. A Medicare Supplement policy would be considered a primary insurance policy. As such, you must first file your claim with your primary medical insurance company. If you are not fully reimbursed by your primary insurance company, you may file a claim for the unpaid medical expenses as noted in these instructions.

Please complete and sign the Medical Expense claim form in full and return it with the documentation noted below.

For all claims, submit:

- Copies of invoices or receipts for all claimed medical expenses. Invoices should show the date of service; the office or facility where the service was provided; the condition treated and the nature of the treatment received.
- Proof of payment of the claimed medical expenses – copies of both sides of checks, copies of credit card statements or receipts for cash payments;
- Proof of loss:
    - An attending Physician's Statement completed by the patient's primary treating physician;
    - Medical records or other documentation showing the nature of the condition and the treatment received;
    - Copies of Explanations of Benefits from your primary insurance company showing any claims paid or denied

Your claim should be submitted to the address at the top of these instructions.

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Section 1 - Claiming Benefits

To be Completed by Insured Claiming Benefits

Name of Claimant / Insured	Certificate/Policy Number	Phone Number ( )
Address		Male ☐ Female ☐
		Date of Birth
Email Address		Date Incident Occurred

Do you have other medical insurance that may provide coverage for this claim? Yes ☐ No ☐

If so, has a claim been submitted to the other company? Yes ☐ No ☐

Name address and phone number of the other insurance company

Primary Insurance Carrier	Policy Number.
Secondary Insurance Carrier	Policy Number.
Date injury occurred or symptoms began	Date first treated for this illness or injury
Explain when and where injury occurred or illness began	Describe nature and diagnosis of illness or injury

Name, address and phone number of physician who first treated you for this condition

If hospitalized, name and address of the hospital

Was an accident or police report filed? Yes ☐ No ☐ If yes, please provide a copy.

Had you ever been treated for this condition before? Yes ☐ No ☐ If so, when?

Name, address and phone number of physician who previously treated this condition:

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Section 2 - Claimed Expenses

Please list all medical expenses incurred as a result of this sickness or injury. Enclose copies of medical bills, reports and explanations of benefits from your Primary and Supplemental insurance companies.

Claimed Expenses

Name of Provider	Date of Service	Type of Service	Amount of Bill	Amount paid by other Insurance	Amount Claimed
		Totals			

Any person who knowingly and with intent to injure, defraud or deceive any insurance company, files a statement claim containing any false, incomplete, or misleading information may be guilty of a criminal act punishable by law.

I have read the foregoing, and the above answers are true and complete according to the best of my knowledge and belief.

Signature of Claimant **Date**

Authorization to Disclose Information

To any medical care provider, medical care facility, insurer, government-sponsored health plan, or employer: I authorize the release of any medical information about me to Arch insurance Company, or it's authorized representative. This applies to all information about the diagnosis, treatment, or prognosis of any illness or injury I now have or have had in the past.

To any insurance company, any travel organization or agency, airline carrier, cruise line, your operator, rental agency, hotel, motel, or similar entity providing lodging on a rental / lease basis or any other person who may have knowledge regarding this claim: I authorize the release any information requested regarding this claim and the loss reported.

The company will use this information to determine if any claim is eligible. Any information obtained will not be released by the Company except to my primary health insurance carrier (if any) or persons or organizations performing investigation or legal services for the Company in connection with my claim. A copy of this authorization shall be considered as effective and valid as the original and shall remain in effect for one year from the date of authorization.

I certify that the information given by me in support of my claim is true and correct. I understand that any person who knowingly and with intent to defraud or deceive any insurance company files a claim containing any materially false, incomplete or misleading information may be subject to prosecution or insurance fraud.

_____ _____

Patient's or Authorized Representative's Signature **Date**

_____

If Authorized Representative, Relationship to Patient

_____

or Legal Designation

Attending Physician's Statement

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Section 1: To be completed by claimant/insured

About the Claimant

Name of Claimant/Insured			Policy Number
Address (street, city, state, zip)			
Gender Male ☐ Female ☐	Date of Birth	Trip Departure Date	Policy Purchase Date

About the Patient - Complete only if different from Insured

Name of Patient	
Was patient traveling with insured? Yes ☐ No ☐	Relationship of Patient to Insured

Section 2: To be completed by physician

About the Diagnosis and Treatment

Diagnosis / ICD-9 Code (primary diagnosis)	
Diagnosis / ICD-9 Code (secondary diagnosis)	
Date symptoms first appeared	Date patient first consulted you for this condition
Has the patient ever had this condition before? Yes ☐ No ☐	If yes, when?
Is this condition an exacerbation or a complication of an existing condition? Yes ☐ No ☐	If yes, what was that condition?
If the patient was referred **from** another physician, name and phone number of that physician	
If the patient was referred **to** another physician, name and phone number of that physician	

Dates of medical visits as they relate to the condition causing the trip cancellation/interruption.

Date of consultation	Describe Condition/Treatment

Has the patient been hospitalized for this condition or related conditions in the past 12 months? Yes ☐ No ☐	If yes, date of admittance and date of discharge?

About the Medical Condition as it relates to Travel

Was the Insured/Traveler unable to travel on the policy purchase date listed in Section 1 above? Yes ☐ No ☐	
If the patient was Traveler, did you advise patient to cancel or interrupt the trip due to the medical condition? Yes ☐ No ☐	
If yes, please explain: Date you advised patient to cancel trip:	If no, on what date was it reasonable for the patient/insured to cancel/interrupt their trip?

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Section 2, continued: To be completed by physician

About the Medical Condition as it relates to Travel, continued

If the patient was non-traveler, did you advise the Traveler to cancel or interrupt the trip due to the non-traveler's medical condition? Yes ☐ No ☐	
If yes, please explain: Date you advised Traveler to cancel trip:	If no, on what date was it reasonable for the patient/insured to cancel/interrupt their trip?
If the condition was related to pregnancy, when was the pregnancy first diagnosed?	If related to pregnancy, expected delivery date
Was the patient hospitalized while traveling? Yes ☐ No ☐	Was this an emergency room admission? Yes ☐ No ☐
Name & Location of Hospital	
Date Admitted	Date Discharged

Physician Information and Signature

Please note: All of the above requested information is necessary for the processing of the Claimant/ Insured's claim. Any omitted items will delay processing.

Please attach copies of the patient's office records for the 6 months prior to the trip departure date.

Any person who knowingly and with intent to injure, defraud or deceive any insurance company, files a statement of claim containing any false, incomplete, or misleading information may be guilty of a criminal act punishable by law.

I have read the foregoing, and the above answers are true and complete according to the best of my knowledge and belief.

Physician's Signature Date	
Physician's Name	
License Number	Specialty
Phone Number	Fax Number

State Notices

The laws of some states require us to furnish you with the following notices:

Alabama	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.
Alaska	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.
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	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 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.
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	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 of claim 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 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.
Louisiana	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.
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.
Maryland	Any person who knowingly or willfully presents a false or fraudulent claim for payment of a loss or benefit or who knowingly or willfully presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.
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 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	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.
New York	Auto claims: Any person who knowingly makes or knowingly assists, abets, solicits or conspires with another to make a false report of the theft, destruction, damage or conversion of any motor vehicle to a law enforcement agency, the department of motor vehicles or an insurance company, 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 value of the subject motor vehicle or stated claim for each violation. All others: 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	Any person who knowingly and with intent to defraud or solicit another to defraud an insurer: (1) by submitting an application, or (2) by filing a claim containing a false statement as to any material fact thereto, may be committing a fraudulent insurance act, which may be a crime and may subject the person to criminal and civil penalties.
Pennsylvania	Motor vehicles: Any person who knowingly and with intent to injure or defraud any insurer files an application or claim containing any false, incomplete or misleading information shall, upon conviction, be subject to imprisonment for up to seven years and payment of a fine of up to $15,000. All others: 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.
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.
Tennessee	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.
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.
Utah	Workers' Compensation Claims Only: Any person who knowingly presents false or fraudulent underwriting information, files or causes to be filed a false or fraudulent claim for disability compensation or medical benefits, or submits a false or fraudulent report or billing for health care fees or other professional services is guilty of a crime and may be subject to fines and confinement in state prison.
Virginia	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.
Washington	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.

West Virginia	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.
Puerto Rico	Any person who knowingly and with the intention of defrauding presents false information in an insurance application, or presents, helps, or causes the presentation of a fraudulent claim for the payment of a loss or any other benefit, or presents more than one claim for the same damage or loss, shall incur a felony and, upon conviction, shall be sanctioned for each violation by a fine of not less than five thousand dollars ($5,000) and not more than ten thousand dollars ($10,000), or a fixed term of imprisonment for three (3) years, or both penalties. Should aggravating circumstances be present, the penalty thus established may be increased to a maximum of five (5) years, if extenuating circumstances are present, it may be reduced to a minimum of two (2) years.