

P.O .Box 4884 Houston, TX 77210-4884

1. Primary Insured's Full Name:

POLICY#	
CERT.#	
SOCIAL SECURITY#	

3. Patient's Full Name:

### Medical Expense Policy Claim Form

#### INSTRUCTIONS:

- 1. Please make sure all questions on this page are answered completely.
- 2. Sign and date the authorization on page two (2). Please return a copy to us along with the completed claim form. You may want to retain a copy for your records.
- 3. Please attach itemized hospital bills, physician bills and other documentation of expenses. Make sure all bills indicate a diagnosis code, procedure code, date of service and cost. Prescription receipts must furnish date, patient name, name of medication and name of prescribing physician. Original bills must be submitted. If you make photocopies they should be retained for your file.

2. Primary Insured's Date of

	Ditui.	
4. Full Address:   Check if this is a new address		5. Patient's Date of Birth:
-		Relationship to Insured:
		□ Self □ Spouse
Daytime Telephone ()		□ Child □ Other
6. Are you or any member of your family covered by other	7. Is condition related to:	9. Is Dependent employed?
insurance?	- V N	□ Yesઃ □ No
□ Yes □ No	Employment: □ Yes □ No · · · Auto Accident: □ Yes □ No · ·	In School full time?
If yes, please provide:	Adio Accident. 1 res 11 No.	□ Yes □ No
Insured's name:		
Company name and address:	( If due to a motor vehicle accident, please attach a copy of	If yes, please provide school or
	the police report)	employer name and address:
<del></del>	8. Is this condition covered by	
	Worker's Compensation?	
Policies or Group number:	□ Yes □ No	
Type of coverage: □ Group □ Individual	l res lino	Expected graduation date:
Are any benefits payable under Medicare? ☐ Yes ☐ No		
10. Nature of condition requiring treatment:	11. If injury, provide exact date an	d time:
	1 1	Time: : AM/PM
If sickness, date of first symptom:	How and where did the injury or	ccur?
/ / /		
Has this condition occurred before? □ Yes □ No		
12. Furnish name and address of the physician first consulte	ed for this condition:	
I certify that the above statements and answers on this c	laim form are true and correct. W	ARNING: Any person who knowingly
presents a false or fraudulent claim for payment of a loss insurance is guilty of a crime and may be subject to fines		
residential state fraud warning on the attached Claim Fra		
<u> </u>		
Patient's signature (if minor, parent signs)	Date://	
Primary Insured's signature:	Date: / /	



HIPAA.AUTH.PAL rev.4.09

#### PHILADELPHIA AMERICAN LIFE INSURANCE COMPANY

DOC-0940

## AUTHORIZATION TO OBTAIN OR RELEASE MEDICAL INFORMATION

health care professional, hospital or other health care facilification facility or professional.  Entities or Persons Authorized to Receive: Philadelphi	atment given, including treat nune Deficiency Syndrome), of epartment of Health and Hur igents, including Medicare in ity, counselor, therapist or ar a American Life Insurance	tment for alcohol abuse, substance or ARC (AIDS-related complex).  man Services (including the Centers termediaries), any physician or othe only other medical or medically related
Protected Health Information (PHI) to be Used and/or Dischistory, medical examinations, services rendered, or trea abuse, mental or emotional disorders, AIDS (Acquired Immediates or Persons Authorized to Use or Disclose: U.S. Defor Medicare & Medicaid Services and any contractors or a health care professional, hospital or other health care facilifacility or professional.  Entities or Persons Authorized to Receive: Philadelphic employees, designees, or representatives, including my PAPUrpose of this Authorization:  By signing this form, you will authorize PALIC to use and/o your application will be approved for health insurance or the your approved application for our health insurance or your approved authorize PALIC to obtain your Protected Health determine payment of a claim for specified benefits involving Effect of Declining:  If you decide not to sign this authorization, we may declir benefits.	atment given, including treat nune Deficiency Syndrome), of epartment of Health and Hur igents, including Medicare in ity, counselor, therapist or ar a American Life Insurance	tment for alcohol abuse, substance or ARC (AIDS-related complex).  man Services (including the Centers termediaries), any physician or othe only other medical or medically related
for Medicare & Medicaid Services and any contractors or a health care professional, hospital or other health care facilifacility or professional.  Entities or Persons Authorized to Receive: Philadelphi employees, designees, or representatives, including my PAPurpose of this Authorization:  By signing this form, you will authorize PALIC to use and/o your application will be approved for health insurance or the your approved application for our health insurance or your approved application for our health insurance or your determine payment of a claim for specified benefits involving Effect of Declining:  If you decide not to sign this authorization, we may declir benefits.	gents, including Medicare int ity, counselor, therapist or ar a American Life Insurance	termediaries), any physician or othe ny other medical or medically related
employees, designees, or representatives, including my PA Purpose of this Authorization: By signing this form, you will authorize PALIC to use and/o your application will be approved for health insurance or the your approved application for our health insurance or your also will authorize PALIC to obtain your Protected Headetermine payment of a claim for specified benefits involving Effect of Declining:  If you decide not to sign this authorization, we may decline benefits.	a American Life Insurance ALIC agent or broker.	Company (PALIC) or its agents
By signing this form, you will authorize PALIC to use and/o your application will be approved for health insurance or the your approved application for our health insurance or your of a claim for specified benefits involving the control of the province o		Company (171210) of its agonts
determine payment of a claim for specified benefits involving Effect of Declining:  If you decide not to sign this authorization, we may declir benefits.	at you are eligible for benefit	alth Information (PHI) to determine i s. This authorization is a condition o
If you decide not to sign this authorization, we may declir benefits.	alth Information (PHI) from o ng you.	ther covered entities so that we may
This authorization is a condition of our paying the claim. If	ne to approve your application	on for health insurance or to provide
the claim.	you decide not to sign this a	authorization, we may decline to page
Effect of Granting this Authorization: The PHI to be used a in which case it would no longer be protected under the HII	and/or disclosed may be sub PAA Privacy Rule.	ject to re-disclosure by the recipient
Expiration: This authorization will expire upon the termination		at may be in effect.
Right to Revoke: I understand that I may revoke this authority Philadelphia American Life Insurance Company, P.O. Box	orization at any time by givin 4884, Houston, TX 77210-48	ig written notice of my revocation to 844.
I understand that revocation of this authorization will not af PALIC received my written notice of revocation.		
I have had full opportunity to read and consider the contauthorization, I am confirming my authorization of the described in this authorization.	ents of this authorization, ar use and/or disclosure of m	nd I understand that, by signing this y Protected Health Information, as
1 Intervaling of Applicant of Comment	Signature of Applicant or Claimant (p	
If this authorization is signed by a personal representative,	on behalf of the Individual, C	ompiete the following.
Personal Representative: Print Name	Please indicate Representative's rela priefly describe Representative's aut	ationship to Applicant/Insured and hority to act for Applicant/Insured.
Signature		Date

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# STATE FRAUD WARNING NOTICES

CALFORNIA  For your protection. Callistomic law incurries the following to appear of this form: Any person who knowingly presents a falso or freezedent dain for the payment of a loss is quitty of a crime and may be object to fines and confinement in state prison.  It is untawall to broading to define at the company. Penalties may include imprisorment, fines, defined to the payment of a southern of the purpose of the company. Penalties may include imprisorment, fines, defined to the protect of the purpose of the company. Penalties may include imprisorment, fines, defined or claimant with regard to a settlement or award penalties or operated to the Colorado division of imprisorment or award penalties or application on a policyholder or claimant with regard to a settlement or award penalties or misseading information is quite, defauld or deceive any insurer, files a statement of claim containing any false, incomplete, or misseading information is guilty of a fellow;  FLORIDA  Any person who knowingly and with intert to impre, defraud or deceive any insurer files a statement of claim containing any false, incomplete, or misseading information is guilty of a fellow;  FLORIDA  Any person who knowingly and with intert to impre, defraud or deceive any insurer files a statement of claim containing any false, incomplete, or misseading information is guilty of a fellow;  Appear on who knowingly and with intert to indention of person are missance company; files a statement of claim containing any false, incomplete, or misseading information is guilty of a fellow;  Appears who knowingly and with intert to defraud any instruinance company; files a statement of claim containing any false, incomplete, or misseading information is guilty of a client containing any false, incomplete, or misseading information and instruinance benefit or knowingly presents false information in an application or missance or person who knowingly presents false information in guilty of a client containing any false, incomplete or misseading, informa		
FOY 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.  CALFORNIA  For your protection California law requires the following to appear on this form: Any person who knowingly protected a loss is suitly of a crime and may be subject to fines and confinement in state or this control california the payment of a loss is suitly of a crime and may be subject to fines and confinement in state or this control can be controlled to the control of the	ALASKA	
ARIZONA  who knowingly presents a false or fraudulent claim for payment of a loss is subject to criminal and civil penalties.  For your projection California law requites the following is appear on this form. Any person who isoningly presents a false or fraudulent claim for the payment of a loss is subject to great the property of the payment of a loss is subject to fine the payment of a loss of the payment of a loss of the payment of the pay	<u></u>	For your protection Arizona law requires the following statement to appear on this form. Any person
CALIFORNIA  For your protection Cellifornia basis equities the following to appear oit this form: Any person who knowingly presents a falso or fraudulant clarific for the payment of a loss is quilty of a crime and may be subject to fines and confinement in state prison. It is unabled to becomely provided false, incomplete, or milesteding facts or information to en insurance comport by the purpose of defrauduling or attempting to defraud the company. Penalties may include imprisonment, fines, denied of insurance and origination of the proposed of the purpose of defrauding or attempting to defraud the policyholder or claimant with regard to a settlement or a ward preparable from insurance proposed shall be reported to the Colorad division of insurance and with regard to a settlement or award preparable from insurance proceeds shall be reported to the Colorad division of insurance and with regard to a settlement of regulatory agencies.  PELAWARE  FICRIDA  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 follow;  Any person who knowingly and with intent to defraud or deceive any insurer files a statement of claim containing any false, incomplete, or misleading information is guilty of a felony of the third degree.  Appears who knowingly and with intent to defraud or deceive any finance free as statement of claim containing any false, incomplete, or misleading information is guilty of a felony of the third degree.  Any person who knowingly and with intent to defraud or deceive any finance free as statement of claim containing any false, incomplete, or misleading information is guilty of a felony.  Appears who knowingly presents a false or fraudulent claim for payment of a loss or benefit or from the knowingly information in an application for insurance is guilty of a cleim or man application for insurance is guilty of a clien or man application for insurance is guilty of a claim or	ARIZONA	who knowingly presents a false or fraudulent claim for payment of a loss is subject to criminal and
FOUNDAM  For your protection Californis law requires the following to appear on this form. Any person who knowingly presents affalse or its upday of a crime and may be subject to fines and confirment in its state prison.  It is unlawful to knowingly provide false, incomplete, or misleading facts or information to an insurance company for the purpose of defrawful or company. Perallitis may include improvement fines, denied of insurance and civil disranges and the purpose of defrawful or purpose of the purpose of defrawful or purpose of defrawful or purpose of defrawful or provides false, incomplete, or misleading facts or information to a policyhotder or calimant for the purpose of defrawful or proteins of the Colorado division of insurance within the department of regulatory appeareds.  PELAWARE  Any person who knowingly, and with infent to injure, defraud or deceive any insurer, files a statement of claim containing any false, incomplete or misleading information is guilty of a follow.  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 fallow; of the third degree.  IDAHO  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 fallow; of the third degree.  INDAHO  Any person who knowingly and with intent to defraud any insurance company or deal may a statement of claim containing any false, incomplete, or misleading information is guilty of a fallow; or the preson, files a statement of claim containing any false, incomplete, or misleading information is guilty of a fallow or the preson, files a statement of claim containing any false, incomplete (and the preson who knowingly and with intent to defraud any insurance company or other person, files a statement of claim containing any false, incomplete (and the preson		
It is unlawful to Knowledy provide false, incomplete, or misleading facts or information to an insurance company or the purpose of defrauding or attempting to defraud the company. Pernalisies my include imprisorment, fines, denied in sinurance and civil diamages. Any insurance company or agent of an insurance angine my industry provides false, incomplete, or misleading or attempting to defraud the 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 provoseds shall be reported to the Cokrado division of insurance within the department of regulatory agencies.  PLORIDA  Any person who knowlingly, 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 floory of the third degree.  Any person who knowlingly, and with intent to defraud or discoive any insurance company, files a statement of claim containing any false, incomplete, or misleading information is guilty of a floory of the third degree.  Any person who knowlingly and with intent to defraud or discoive any insurance company, files a statement of claim containing any false, incomplete or misleading information is guilty of a floory of the third degree.  KENTUCKY  The person who knowlingly and with intent to defraud any insurance company or other person files a statement of claim containing any false, incomplete or concease, for the purpose of misleading, information or concerning any false, incomplete, or misleading information or misleading, information or concerning any false, containing any false, containing any false, containing any false, or misleading information or an application for insurance in centre of claim containing any false, and the company. Person who knowlingly insenses at also or fraudulent claim for payment of a loss or benefit or knowlingly presents false information in an application for insurance in centre of claim co	CALIFORNIA	For your protection California law requires the following to appear on this form. Any person who knowingly presents a false or
FLORIDA  Any person who knowning's and with intent to injure, defense, 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.  Appresson who knowningly, and with intent to defense of decive any insurance company, files a statement of claim containing any false, incomplete, or misleading information is guilty of a felony.  Appresson who knowningly and with intent to defense any insurance company, files a statement of claim containing any false, incomplete, or misleading information commits a felony.  Appresson who knowningly and with intent to defense any insurance company or other person files a statement of claim containing any fact material thereto commits a felony.  Appresson who knowningly and with intent to defense any insurance company or other person files a statement of claim containing any materiality false information, or containing any insurance company or other person files a statement of claim containing any fraudient insurance act, which is a crime.  LOUISIANA  Any person who knowningly prossiles false incomplete or misleading, information to an insurance prospect of the purpose of file defense and confinement in prison.  It is a crime to knowningly prossiles false incomplete or misleading information to an insurance party for the purpose of defense may include imprisonment, fines or a denial of insurance benefit or who knowningly and 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  Appresson who knowningly and within the purpose of refuse or fraudient claim for payment of a loss or benefit or who knowningly and within the purpose of the file of the purpose of the f	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 denartment of regulatory agencies.
containing any false, incomplete, or misleading information is guilty of a felony of the third degree.  Appearson who knowingly, and with intent to defined or deceive any insurance company, files a statement of claim containing any false, incomplete, or misleading information is guilty of a felony.  Appearson who knowingly and with intent to defined an insurer files a statement of claim containing any false, incomplete, or misleading information commits a felony.  Any person who knowingly and with intent to defined any insurance company or other person files a statement of claim containing any materially false information or promises, for the purpose of misleading, information concerning any fact material theretic commits a fraudulent finishurance act, which is a crime.  LOUISIANA  Any person who knowingly prosents a false or fraudulent claim for payment of a loss or benefit or knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents a false or fraudulent claim for payment of a loss or benefit or who knowingly and willfully presents a false or fraudulent claim for payment of a loss or benefit or who knowingly and willfully presents a false or firaudulent claim for payment of a loss or benefit or who knowingly and willfully presents a false or firaudulent claim for payment of a loss or benefit or who knowingly and willfully presents a false information in surance benefits.  Any person who knowingly and willfully presents a false or firaudulent claim for payment of a loss or benefit or who knowingly and willfully presents a false information in surance benefits.  Any person who, with a purpose to injure, defraud, or deceive any insurance company, files a statement of payment or payment or a loss or benefit or knowingly and will a manufacture policy committed in the payment of a loss or benefit or knowingly	DELAWARE	incomplete or misleading information is guilty of a felony
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the company. Penalties may include imprisonment, fines or a denial of insurance benefits.  Any person who knowingly and willfully presents a false or fraudulent claim for payment of a loss or benefit or who knowingly and willfully presents have incompleted 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.  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.  Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance is guilty of a crime and may be subject to criminal penalties.  Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance is guilty of a crime and may be subject to a crime, and shall also be subject to a civil penalty notice 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 stalement is guilty of insurance fraud.  OKLAHOMA  OREGON  Any person who, with intent to defraud or knowing that he is facilitating a fraud against an insurer, submits an application or fil	LOUISIANA	in an application for insurance is quilty of a crime and may be subject to fines and confinement in prison.
MARYLAND wilfully 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.  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 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 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 notice exceed five thousand dollars and the stated value of the claim for each such violation.  OKLAHOMA 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.  PENNSYLVANIA 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 fellony.  Any person who knowingly and with intent to defraud any insurance company or other person files an application or files a claim containing a false or deceptive statement may be guilty of insurance fraud.  Any person who knowingly and with intent to defraud any insurance company or other person	MAINE	the company. Penalties may include imprisonment, fines or a denial of insurance benefits.
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.  Any person who knowingly files a statement of claim containing any false or misleading information is subject to criminal and civil penalties.  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  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.  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.  Any person who knowingly and with intent to defraud any insurance company or other person files an application or files a claim containing a false or deceptive statement may be guilty of insurance fraud.  PENNSYLVANIA  Any person who knowingly and with intent to defraud any insurance company or other person files an application or restatement of claim containing any materially false information or conceals for the purpose of misleading, info	MARYLAND	willfully presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in
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