

# PACIFIC I

## Group Accident

### Claim Statement Package

7KLV SDFNDJH LV WR EH XVHG E\ WKH SULPDU\ LQVXUHG WR 4OH D F  
WR FRPSOHWH WKLV IRUP DQG DOO SDUWV PD\ UHVXOW LQ GHOD\ RI  
included:

&ODLP )UDXG 6WDWHPHQWV

\*URXS \$FFLGHQW -QVXUHG 3DWLHQW &ODLP 6WDWHPHQW

\$XWKRULJDWLRQ IRU WKH 8VH DQG RU 'LVFORVXUH RI -QIRUPDWLRQ

\$XWKRULJDWLRQ IRU 5HOHDVH RI &ODLP -QIRUPDWLRQ 2SWLRQDQ

\*URXS \$FFLGHQW \$WWHQGLQJ 3K\VLFLDQ 6WDWHPHQW

\$W 3DFL4F /LIH ZH DUH KHUH WR VXSSRUW \RX GXULQJ WKH FODLPV  
IRUP RU WKH UHTXLUHG GRFXPHQDWLRQ SOHDVH UHDFK RXW WR X  
3DFL4F 7LPH

\$GGLWLRQDO\ \RX FDQ FRQVXOW \RXU &HUWL4FDWH RI -QVXUDQFH  
WLRQ DERXW \RXU FRYHUDJH .HHS LQ PLQG WKDW WKHUH DUH VSHF  
FOXVLRQV WKDW PD\ DSSO\ GXULQJ WKH FODLP HYDOXDWLRQ 7KH  
ZLOO EH FDUHIXOO\ UHYLHZHG WR GHWHUPLQH \RXU HOLJLELQW\ IR

#### Claim Submission Instructions:

5HYLHZ ~~Claim Fraud Statements~~ IRUP IRU WKH VWDWH LQ ZKLFK \RX UHVLGH  
\RXU SROLF\ ZDV LVVXH

&RPSOHWH VLJQ ~~Group Accident - Insured Patient Statement~~

5HFRPPHQGHG &RPSOHWH ~~Authorization for the Release of In~~ -  
formation 1RWH 7KLV IRUP VKRXOG EH VLJQH E\ WKH SDWLHQW LI  
UHVLGHQFH L H VHOI VSRXVH SDUWQHURU DGXOW FKLOG  
+DYH WKH

---



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



**Section 4: Information About the Physician and Treatment (continued)**

3K\VLFLDQ 1DPH	Specialty:		
----------------	------------	--	--

\$GGUHV	City:	State:	= - 3
---------	-------	--------	-------

3KRQH 1XPEHU	)D[ 1XPEHU	'DWH RI )LUPW @ LVL	'DWH RI /DVP @ LVL
--------------	------------	---------------------	--------------------

7\SH RI YLVLW VHOHFWRQH Chiropractor (PHUJHQF\ 5RPH) 2WKHU	Primary Care Physician	Specialist Physician	Telemedicine	8UJHQW & DUH
--	------------------------	----------------------	--------------	--------------

7\SH RI FDUH UHFHLYHG VHOHFWRQ %ORRG ZRUG 05- 3(7 6FD 2WKHU	Surgery	; 5D\ 2WKHU
---	---------	-------------

3K\VLFLDQ 1DPH	Specialty:		
----------------	------------	--	--

\$GGUHV	City:	State:	= - 3
---------	-------	--------	-------

3KRQH 1XPEHU	)D[ 1XPEHU	'DWH RI )LUPW @ LVL	'DWH RI /DVP @ LVL
--------------	------------	---------------------	--------------------

7\SH RI YLVLW 6HOHFWRQO\RQH Chiropractor (PHUJHQF\ 5RPH) 2WKHU	Primary Care Physician	Specialist Physician	Telemedicine	8UJHQW & DUH
--	------------------------	----------------------	--------------	--------------

7\SH RI FDUH UHFHLYHG 6HOHFWRQ %ORRG ZRUG 05- 3(7 6FD 2WKHU	Surgery	; 5D\ 2WKHU
---	---------	-------------

+RVSLWDO 1DPH	Treating Physician:		
---------------	---------------------	--	--

\$GGUHV	City:	State:	= - 3
---------	-------	--------	-------

3KRQH 1XPEHU	)D[ 1XPEHU	'DWH \$GPLW @ HG\	'DWH 'LVFKDUJHG\
--------------	------------	-------------------	------------------

- 7KH DQVZHUV SURYLGHG LQ WKLV 6WDWHPHQW DUH WUXH DQG FRPSOHWH WR WKH
- - KDYH UHGD DQG XQGHVWDQG WKH LQIRUPDWLRQ LQ WKH &ODLP )UDXG 6WDWHPHQW
- - XQGHVWDQG WKDW - PD\ FRQVXOW ZLWK DQ LQGHSHQGHQW 4QDQFLDO WD[ RU ZLOO QRW SURYLGH PH ZLWK DQ 4QDQFLDO WD[ RU OHJDO DGYLFDU RU UHFRPPHQ

## Authorization for the Use and/or Disclosure of Information

..... 2 %.....

I authorize the use and disclosure of the following information so that

# Group Accident – Attending Physician Statement

Section 1: About the Primary Insured/Patient - & KHFN 5HODWLSRQ VKSpouse 'RPHVWLF 3DU		
3ULPDU\ -QVXUHG )LUVW 1DPH	3ULPDU\ -QVXUHG /DVW 'DWHRI %RUDWK\	
3DWLHQW )LUVW 1DPH	3DWLHQW /DVW 1DPH	'DWH RI %RUDWK\
Section 2: Patient's Medical Condition (To be completed by the Attending Physician) Instructions: 3OHDVH FRPSOHWH DOO DSSOLFDEOH TXHVWLRQV DQG SURYLGH FRQGLWLRQ 3OHDVH VLJQ DQG GDWH WKH HQG RI WKH IRUP		
'LDJQRVLV	-&' &RGH	'DWH RI 'LDJQRVLV
'DWH \RX ZHUH 4UVW FRQVXOWHG WR JFMKLEW FRQGLWLRQ [W 2]FH 9LVLW\ PP GG \\\		
-V WKLW FRQGLWLRQ UHODWH GDWH RI DOO QHVSFRUGHQWH RI (PHUJHQF\ 5RRP WUHDW -OOQHVMXU&QNQRZQ		DSSOLFDEOH\
-V WKH FRQGLWLRQ ZRUOGHWHG DW HFGLSWLRQ Yes 1R		'DWH RI WUHDWPHQW PP GG \\\
:DV WKH SDWLHQW KR&SLMDROLJHG" +RVSLWDO 1DPH DQG /RFDWLRQ -&8 \$GPLVLRQ GDWH -&8 'LVFKDUJHG 'DWH \$GPLVLRQ GDWH 'LVFKDUJHG 'DWH		
'LG WKH SDWLHQW KD-YHS D\VLJQW SDWLHQW Surgery date PP GG \\\ Surgery performed:		
'LG WKH SDWLHQW KDYH D GLDJQRVLF IR[DP SHUIRUPHG" 'LDJQRVWLF H[DP GDWH 'LDJQRVWLF H[DP SHUIRUPHG		
'LG \RX SUHVFULEH RFFXSDWLRQDO WKHUDS\ SK\VLFDQ WKHUDS Yes UH[KRDELOLWDWLRQ )UHTXHGF\ SUHVFULEHG RU GDWH V RI WUHDWPHQW		
+DYH \RX DGYL VHG \RXU SDWLHQW WR RRVRS ZRUNLQJ 'DWH DGYL VHG WR RRVRS ZRUNLQJ 'DWH DGYL VHG WR RRVRS ZRUN		
Fraud Warning: \$Q\ SHUVRQ ZKR NQRZLQJO\ 4OHV D VWDWPHQW RI FODLP FRQWDLQ FULPLQDO DQG FLYLO SHQDOWLHV 7KLV LQFOXGHV \$WWHQGLQJ 3K\VLFLDQ SR		
3K\VLFLDQ 1DPH	Specialty:	3K\VLFLDQ 7D[ -'
\$GGUHV	City:	State: = - 3
3KRQH 1XPEHU	)D[ 1XPEHU	
Physician Signature:		'DWH 6LJQHGG \\\