LIFESECURE INSURANCE COMPANY
ADMINISTRATIVE OFFICE
ATTN: Claims Department
PO Box 13490
Pensacola, FL 32591-3490

HOSPITAL RECOVERY CLAIM FORM

INSTRUCTIONS FOR FILING A CLAIM

- Please complete all sections of this form and read, sign and date the Authorization.
- Attach a copy of the hospital bill or other hospital documentation that includes the admission and discharge dates, and the diagnosis.
- Mail your claim to us at the above address.
- If you should have any questions, please contact us at 1-888-575-8246.

CLAIMANT INFORMATION

First Name ______ MI ______ Last ______

Date of Birth ______ Policy No. ______

Street Address ______ City ______ State ______ Zip ______

Home Telephone No. ______ Work Telephone No. ______

HOSPITAL INFORMATION

Name of Hospital ______

Street Address ______ City ______ State ______ Zip ______

Date Admitted (dd/mm/yyyy) ______ Date Discharged (dd/mm/yyyy) ______

Diagnosis ______

Admission was due to: ☐ Sickness ☐ Injury

If due to injury, please describe how and when it occurred:

______

______

______

On what date did claimant first consult or receive medical treatment from a physician for this sickness or injury? ______ (dd/mm/yyyy)

ATTENDING PHYSICIAN INFORMATION

Name of Primary Attending Physician | Phone No.

Street Address | City | State | Zip

Name(s) of Any Additional Physician(s) Treated By or Referred By Within the Last Year:

Name of Physician (if applicable) | Phone No.

Street Address | City | State | Zip

Name of Physician (if applicable) | Phone No.

Street Address | City | State | Zip

AUTHORIZATION TO OBTAIN INFORMATION

I HEREBY AUTHORIZE ANY PHYSICIAN AND ALL HOSPITALS, CLINICS, NURSING FACILITIES, OR MEDICALLY RELATED FACILITIES, INSURANCE COMPANIES, GOVERNMENT ENTITY OR OTHER ORGANIZATION OR PERSON, HAVING ANY INFORMATION OR KNOWLEDGE OF ME, TO FURNISH SUCH INFORMATION TO **LIFESECURE INSURANCE COMPANY** (OR ITS REPRESENTATIVES) AND TO PERMIT THEM TO EXAMINE AND COPY SUCH INFORMATION. I UNDERSTAND THAT **LIFESECURE INSURANCE COMPANY** MAY DISCLOSE THE INFORMATION TO ANYONE HAVING A LEGITIMATE BUSINESS INTEREST IN THE INFORMATION IN CONNECTION WITH UNDERWRITING OR CLAIMS PROCESSING WITH THE COMPANY. A COPY OF THIS AUTHORIZATION OR THE ORIGINAL SHALL BE VALID FOR THE DURATION OF THE CLAIM FROM THE DATE IT IS SIGNED. THIS AUTHORIZATION MAY BE CANCELED BY ME OR MY AUTHORIZED REPRESENTATIVE. I HAVE A RIGHT TO A COPY OF THIS AUTHORIZATION UPON REQUEST.

I CERTIFY THAT I HAVE READ AND UNDERSTOOD THE FRAUD WARNING SPECIFIC TO MY STATE AS PRESENTED IN THIS DOCUMENT.

POLICYHOLDER'S SIGNATURE (To be signed by policyholder or legal guardian) | DATE

ELECTRONIC FUNDS TRANSFER INFORMATION

If you wish benefits payable to you for this claim be deposited directly to your checking or savings account, please provide the following information. If you prefer to be paid via a check by mail instead, please leave this section blank.

Name of Bank | Phone No.

Street Address | City | State | Zip

Account Type: ☐ Checking ☐ Savings

Account Number | Routing Number

Claimant/Accountholder's Signature | Date

FRAUD WARNING:

For All States Not Listed Separately Below: Any person who, with intent to defraud, or knowing that he/she is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement, may be guilty of insurance fraud.

To residents of **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.

To residents of **Arkansas, Louisiana, Maryland, Oregon, Rhode Island & 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.

To residents of **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.

To residents of **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.

To residents of **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.

To residents of **DC**: **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.**

To residents of **Delaware & Idaho**: 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.

To residents of **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.

To residents of **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.

To residents of **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.

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

To residents of **New Mexico**: Any person who knowingly presents a false or fraudulent claim for payment of a loss of 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.

To residents of **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.

To residents of **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.

To residents of **Pennsylvania**: 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.

To residents of **Tennessee, Virginia & 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.

To residents of **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.