

## STATEMENT OF CLAIM FOR HOSPITAL\* INDEMNITY BENEFIT

Please complete all sections of this form and return it along with a copy of the hospital bill showing the number of days you were hospitalized. A separate claim form is required for each hospitalization. Failure to complete this form in its entirety may result in a delay in processing this claim.

Please print clearly in blue or black ink, or complete online.

### MEMBER INFORMATION

MEMBER'S FULL NAME	MEMBER ID #	DATE OF BIRTH (MM/DD/YYYY)	
ADDRESS	CITY	STATE	ZIP CODE
HOME PHONE	CELL PHONE		

### HOSPITAL INFORMATION *(where you were admitted)*

NAME OF HOSPITAL			
ADDRESS	CITY	STATE	ZIP CODE
DATE YOU WERE ADMITTED (MM/DD/YYYY)		DATE YOU WERE DISCHARGED (MM/DD/YYYY)	

### PHYSICIAN OR SURGEON INFORMATION *(doctor who ordered your hospitalization)*

NAME OF PHYSICIAN OR SURGEON		TELEPHONE	
ADDRESS	CITY	STATE	ZIP CODE

I certify that the information furnished by me in support of this hospital indemnity benefit claim is accurate and complete. I authorize the release of any medical information to or by the Fund necessary to process this claim.

**X** \_\_\_\_\_  
MEMBER'S SIGNATURE DATE (MM/DD/YYYY)

Any person who knowingly and with intent to defraud files a statement of claim containing materially false information commits a fraudulent insurance act, which is a crime, and may be subject to a civil penalty not to exceed five thousand dollars (\$5,000) and the stated value of the claim for each such violation.

\* "Hospital" means a licensed institution that is accredited by The Joint Commission, which is primarily engaged in providing to inpatients, by or under the supervision of physicians, diagnostic or therapeutic services for diagnosis, treatment and care of injured, disabled or sick persons; and, provides 24-hour nursing service rendered or supervised by a registered professional nurse and has a licensed practical nurse or registered professional nurse on duty at all times. The term "hospital" does not include an institution or part of an institution that is used mainly as: a rest or nursing facility; a facility for the aged, chronically ill, convalescents, or alcohol or drug addicts; or a facility providing custodial, psychiatric, education or rehabilitative care.