



DENTAL · VISION · LIFE · DISABILITY  
2 Court Street, Suite 102, Binghamton, NY 13901

## GROUP ACCIDENT ATTENDING PHYSICIAN STATEMENT

-Please Print or Type in Dark Ink-

### INSTRUCTIONS

**New York Residents Fraud Warning:** 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 civil penalty not to exceed five thousand dollars and the stated value of the claim for each such violation.

**Residents of Other States Fraud Warning:** It is or may be a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company or any other person. Penalties may include imprisonment, fines, and denial of insurance in accordance with applicable state law. Please carefully review the State Fraud Warning Statements page, attached to and incorporated herein by reference.

### SECTION I | HEALTHY CARE PROVIDER STATEMENT

<b>Insured/Patient:</b> <i>(Last, First, MI):</i>	<b>Date of Birth</b> <i>(mm/dd/yyyy):</i>
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**Diagnosis:** \_\_\_\_\_ **ICO Code:** \_\_\_\_\_

**Was Injury the Result of An Accident:**  Yes  No **If Yes, Was the Accident Work Related:**  Yes  No

**Was the Patient Confined to the Hospital:**  Yes  No **If Yes, State Dates of Confinement:** *(mm/dd/yyyy):*

**Was the Patient in an Intensive Care or Coronary Care Unit:**  Yes  No **If Yes, State Dates of Confinement:** *(mm/dd/yyyy):*

**Hospital Name:** \_\_\_\_\_

<b>Street Address</b> <i>(Include Apt#/Suite):</i>	<b>City:</b>	<b>State:</b>	<b>ZIP Code:</b>
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**If the Condition Was for a Fracture, was it an Avulsion/Chip Fracture:**  Yes  No

**If the Condition was for a Fracture, was it:**  Open Injury  Closed Injury

## SECTION I | HEALTHY CARE PROVIDER STATEMENT (CONT')

If the Condition Involved a Laceration(s), Indicate the Length of Each Laceration:

If the Condition was a Burn, Indicate:  2<sup>nd</sup> Degree \_\_\_\_ % of Body Surface  3<sup>rd</sup> Degree \_\_\_\_ Square inches of Body Surface

If the Condition was a Burn, did the Burn Require Skin Grafting:  Yes  No

Did Patient Sustain a Concussion As a Result of this Accident:  Yes  No

If Concussion was Sustained, Provide: Date of Diagnosis (mm/dd/yyyy):

Name and Date of Medical Imaging Procedure Used (mm/dd/yyyy):

Did the Patient Suffer Any Broken Teeth Requiring Crowns or Extractions:  Yes  No

Did the Patient Undergo Any Surgery:  Yes  No If Yes, Indicate the Type of Surgery:

Has the Patient Been Unable to Work From the Date of Accident:  Yes  No

Dates of All Treatments/Office Visits Related to this Accident (mm/dd/yyyy):

How Long was or will the patient be Continuously Totally Disabled and Unable to Work:

From (mm/dd/yyyy): \_\_\_\_\_ Through (mm/dd/yyyy): \_\_\_\_\_

## SECTION II | PHYSICIAN'S OR HEALTH CARE PROVIDER VERIFICATION

Print Name (Last, First, MI):

Phone:

License Number:

Street Address (Include Apt#/Suite):

City:

State:

ZIP Code:

  X  

Physician or Health Care Provider Signature (Required) (No Stamp)

Date Signed (mm/dd/yyyy)

Mail Completed Forms To:  
Group Claims  
Renaissance Life & Health Insurance Company  
2 Court Street, Binghamton, NY 13901

Telephone: 844-368-6485

Fax: 607-773-2276

(If You Have Secure Email Capabilities)

Email: [GroupClaim@RenaissanceFamily.com](mailto:GroupClaim@RenaissanceFamily.com)

—State Fraud Warnings on Following Pages—

Products Underwritten by Renaissance Life & Health Insurance Company of America and in New York by Renaissance Life & Health Insurance Company of New York



## STATE FRAUD WARNING STATEMENTS:

The laws of the states beneath require the Company to provide the following statements:

- AL:** 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.
- AK:** 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.
- AZ:** 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.
- AR, LA, RI and WV:** 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.
- CA:** For your protection, California law requires the following to appear on this form: 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.
- CO:** 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.
- CT:** Any person who, with intent to defraud or knowing that he or 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.
- DE:** 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.
- DC:** WARNING: It is a crime to provide false or misleading information to any 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.
- FL:** 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.
- ID:** 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.
- IN:** A person who knowingly and with intent to defraud a insurer files a statement of claim containing any false, incomplete, or misleading information commits a felony.
- KY:** 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.
- MA:** 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.
- MD:** 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.
- ME:** 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.
- MN:** A person who files a claim with intent to defraud or helps commit a fraud against an insurer is guilty of a crime.
- NH:** 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 NH R.S.A. REV Stat ANN 638.20.
- NJ:** Any person who knowingly files a statement of claim containing any false or misleading information is subject to criminal and civil penalties.
- NM:** 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.
- NY:** 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.
- OH:** 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
- OK:** 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. Penalties may include imprisonment, fines or a denial of insurance benefits.
- PA:** 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.
- TN:** 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 or a denial of insurance benefits.
- TX:** 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.
- VA, WA:** 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.