



Excess Medical Expense Claim Form



Claims Dept: 994 Old Eagle School Road Suite 1005
Wayne, PA 19087-1802
Toll Free #: (866) 621-2070
Fax: (610) 977-3217
E-mail: redskyinsurance@visit-aci.com

Any person who knowingly presents a false or fraudulent claim for payment of 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 be completed by Insured / Guest

Name of Insured / Guest		Reservation #	
Address		Work Phone # ()	Home Phone # ()
		E-mail address	Date of Birth
Date of initial Trip Deposit	Scheduled Departure Date	Scheduled Return Date	Date incident occurred
Name and Address of Property Management Co.		Phone # ()	Fax # ()
Name of leaseholder on the rental property and list all guests occupying the property			
Name of Patient		Relationship to Insured / Guest	
Are you a U.S. Citizen? <input type="checkbox"/> Yes <input type="checkbox"/> No		Date symptoms first appeared	
Give Nature of Sickness or Injury (Diagnosis)			
Date of initial treatment for this condition			
Describe fully how, when, and where Sickness / Injury Occurred			
Was there previous treatment for these conditions prior to the purchase of our plan? <input type="checkbox"/> Yes <input type="checkbox"/> No			If Yes, when?
Name and address of primary care physician where you reside		Physician's Phone # ()	Physician's Fax # ()
Name and address of other physician(s) who treated the condition		Physician's Phone # ()	Physician's Fax # ()
Name and address of Hospital (if hospitalized)		Date Admitted and Discharged	Hospital Phone # ()
Was an accident report filed for this incident? <input type="checkbox"/> Yes <input type="checkbox"/> No		If Yes, please provide a copy.	

Note: Your Travel Insurance Policy is Excess over any other health, medical, and travel insurance you may have. If you have not already done so, you will need to file a claim with your primary and supplemental carriers first.

Do you have any other medical Insurance? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Please list all of your other medical insurance plans (group health, medicare, supplemental, etc.)	



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Please include the following items with your claim forms after completing page 1 of this form. Any omitted items will delay processing. You may want to send any valuable documents by certified mail.

- Your cancelled check or credit card statement for the initial trip deposit.
- Copies of explanation of benefits from the primary carrier and all medical bills incurred while on your trip from your other insurance in the form of standard UB and HCFA billing statements.
- Completed and signed claim form
- Copy of rental agreement
- Credit card statement, cancelled checks, or cash receipt for all medical payments while on your trip.
- If Claimant is other than **leaseholder**, please provide a signed written statement from **leaseholder** listing all guests occupying the rental property.

Claimed Expenses

\$ _____ Total amount paid for all medical treatment received while on trip (Attach all invoices)

\$ _____ Total amount reimbursable from other sources (Attach all responses received)

\$ _____ Total amount being claimed from Red Sky.

Authorization to Disclose Information

Trip Preserver Product is Underwritten by **Arch Insurance Company**.

To any medical care provider, medical care facility, Insurer, government-sponsored health plan, or employer: I authorize the release of any medical information about me to Arch Insurance Company, or it's authorized representative, Administrative Concepts Inc. or the underwriting company. This applies to all information about the diagnosis, treatment, or prognosis of any illness or injury I now have or have had in the past. The Company will use this information to determine if my claim is eligible. Any information obtained will not be released by the Company except to my primary health insurance carrier (if any) or persons or organizations performing investigative or legal services for the Company in connection with my claim. A copy of this authorization shall be considered as effect and valid as the original and shall remain in effect for one year from the date of authorization. I certify that the information given by me in support of my claim is true and correct.

Patient's or Authorized Representative's Signature _____ **Date** _____

If Authorized Representative, Relationship to Patient _____

or Legal Designation _____

Assignment of Benefits

I Authorize the Claims Administrator, to pay benefits in connection with this claim directly to the doctor, hospital, or other provider.

Patient's or Authorized Representative's Signature _____ **Date** _____

If Authorized Representative, Relationship to Patient _____

or Legal Designation _____

The laws of some states require us to furnish you with the following notices:

WARNING. Any person who knowingly:

Alaska: 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.

Arizona, Arkansas and Rhode Island: presents a false or fraudulent claim for payment of a loss or benefit is subject to criminal and civil penalties, or specific to AR and RI: presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

California: For your protection California law requires the following to appear on this form:
Any person who knowingly presents false or fraudulent claim for payment of a loss is guilty of a crime and may be subject to fines and confinement in state prison.

Delaware: and with intent to injure, defraud or deceive an insurer, files a statement of claim containing any false, incomplete or misleading information is guilty of a felony.

District of Columbia: 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.

Florida: and with intent to injure, defraud, or deceive any insurer, files a statement of claim or application containing any false, incomplete, or misleading information is guilty of a felony of the third degree.

Idaho and Indiana: and with intent to defraud or deceive any insurance company, files a statement of claim containing any false, incomplete, or misleading information (for Idaho) is guilty of and (for Indiana) commits a felony.

Kentucky, New York and Pennsylvania: and with intent to defraud any insurance company or other person files an application for insurance, or files a statement of claim, containing any materially false information or conceals, for the purpose of misleading, information concerning any material fact thereto commits a fraudulent insurance act, which is a crime, specific to PA: subjects such person to criminal and civil penalties and specific to NY: 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.

Louisiana, New Mexico, Texas and West Virginia: presents a false or fraudulent claim for the payment of a loss (or specific to LA, TX and W VA: who knowingly presents false information on an application for insurance) is guilty of a crime and may be subject to fines and confinement in state prison, (or specific to NM: to civil fines and criminal penalties.)

Maryland: and willfully presents a false or fraudulent claim for payment of loss or benefit or who knowingly 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.

New Jersey: files a statement of claim containing any false or misleading information is subject to criminal and civil penalties.

Ohio: 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.

Oklahoma: 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.

Oregon: and with intent to defraud any insurance company or other person files an application for insurance or a statement of claim containing any materially false information or conceals for the purpose of misleading, information concerning any fact material hereto, may be subject to prosecution for insurance fraud.

Puerto Rico: and with the intention of defrauding presents false information in an insurance application, or presents, helps, or causes the presentation of a fraudulent claim for the payment of a loss or any other benefit, or presents more than one claim for the same damage or loss, shall incur a felony and, upon conviction, shall be sanctioned for each violation with the penalty of a fine of not less than five thousand (5,000) dollars and not more than ten thousand (10,000) dollars, or a fixed term of imprisonment for three (3) years, or both penalties. If aggravating circumstances are present, the penalty thus established may be increased to a maximum of five (5) years; if extenuating circumstances are present, it may be reduced to a minimum of two (2) years.

WARNING:

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.

Hawaii: Presenting a fraudulent claim for payment of a loss or benefit is a crime punishable by fines or imprisonment, or both.

Maine/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 may include imprisonment, fines or a denial of insurance benefits.

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

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.

Tennessee and Virginia: It is a crime to knowingly provide false, incomplete or misleading information to an insurer or insurance company for the purpose of defrauding the insurer or insurance company. Penalties include imprisonment, fines and denial of insurance benefits.