



NATIONAL UNION FIRE INSURANCE COMPANY OF PITTSBURGH, PA

CLAIM FORM FOR CANCER, SPECIFIED DISEASE & INTENSIVE CARE COVERAGE

FOR PROMPT CONSIDERATION, PLEASE ATTACH ITEMIZED, BILLS FROM ALL MEDICAL TREATMENT PROVIDERS, INSURANCE EXPLANATION OF BENEFIT STATEMENTS LISTING ALL PAYMENTS MADE BY YOUR HEALTH INSURANCE AND ALL PATHOLOGY REPORTS RELATING TO POSITIVE DIAGNOSIS.

CANCER SPECIFIED DISEASE INTENSIVE CARE

Table with 4 columns: INSURED NAME, ADDRESS (CITY, STATE, ZIP), DATE OF BIRTH, SOCIAL SECURITY NO., TELEPHONE NO., POLICY NUMBER, PATIENT NAME, DATE OF BIRTH, SOCIAL SECURITY NO.

1. Describe your illness or injury?

How did the injury occur:

If an injury, the date of occurrence: If an illness, the date you first noticed symptoms:

2. Name and address of the first physician you consulted this condition?

3. Date, if ever, that you had similar condition before:

4. If you were confined to a hospital, the hospital's name and address:

Date admitted: Date discharged:

5. List All Physicians Consulted in the Last Five Years:

Table with 4 columns: Name of Doctor, Address, Telephone Number, Date

## FRAUD NOTICES

NOTICE TO ALL CLAIMANTS: Any person who knowingly and with intent to defraud any insurance company or other company files an application of insurance or statement of claim containing any materially false information, or conceals for the purposes of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime, and shall be subject to a substantial civil penalty where and to the intent allowed by state law.

### **NAIC Fraud Notice:**

“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.”

### **Alabama**

Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit 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.

### **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.

### **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.

### **Arkansas, Louisiana, Maryland, New Mexico, Rhode Island and West Virginia, Texas**

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.

### **California**

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

### **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 with regard to a settlement or award payable for insurance proceeds shall be reported to the Colorado Division of insurance within the Department of Regulatory Agencies.

### **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.

### **District of Columbia**

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.

### **Florida**

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 of the third degree.

### **Indiana**

A person who knowingly and with intent to defraud an insurer files a statement of claim contain any false, incomplete, or misleading information commits a felony.

### **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.

### **Maine, 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 may include imprisonment, fines or 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

### **New Jersey**

Any person who knowingly files a statement of claim containing any false or misleading information is subject to criminal and civil penalties

### **New York**

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.

### **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.

### **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.

**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.

**Rhode Island**

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.

**Utah**

Any person who knowingly presents false or fraudulent underwriting information, files or causes to be filed a false or fraudulent claim for disability compensation or medical benefits, or submits a false or fraudulent report or billing for health care fees or other professional services is guilty of a crime and may be subject to fines and confinement in state prison.

You are hereby authorized to permit National Union Fire Company of Pittsburgh, PA, and Bay Bridge Administrators, LLC and its authorized representatives to view and obtain a copy of ALL RECORDS as to examination, history, diagnosis, treatment and prognosis with respect to any physical or mental condition including psychiatric, drug, or alcohol treatment and disease. I agree a photographic copy of this authorization shall be valid as the original for two years.

Date \_\_\_\_\_ 20\_\_\_\_ Signed (patient, or parent if minor) \_\_\_\_\_

If someone other than patient executed this form and authorization, indicate reason: \_\_\_\_\_

\_\_\_\_\_

Relationship to Patient: \_\_\_\_\_

Address: \_\_\_\_\_



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