

NOTE: Please read this *before* submitting a claim.

Instructions for filling out an SmartHealth PayCard Accident Medical Claim Form

1. The claim form must be completed and signed by the insured. Please indicate your Group name on the claim form.
2. Your Accident Medical plan requires that treatment must be sought within a specific time frame. Please refer to your Certificate of Insurance.
3. Proof of loss (Completed claim form and itemized bills) should be submitted ***within 90 days of the accident.***
4. Please attach itemized bills to the claim form. A balance due bill from your provider is not sufficient. An itemized bill is a statement that indicates:
 - a. The date(s) of treatment,
 - b. The type(s) of service,
 - c. The diagnosis,
 - d. The medical provider's name and address,
5. Return the completed claim form, Authorization for Release of Health-Related Information, itemized bills and other insurance payment or denial (Explanation of Benefits) statements (if applicable) to

Forrest T. Jones & Company
PO Box 418131
Kansas City, MO 64141-8131
800-821-7303
6. Please indicate which bills have been paid by you. If you prefer payments to go directly to the medical provider, please complete and sign the authorization at the bottom of the claim form.
7. A claim form needs to be completed only at the beginning of treatment for each accident. Additional bills or follow-up treatment should indicate your name, group name, and date of accident.
8. We suggest that you make photocopies of any correspondence sent to our office to keep for your own records.
9. By furnishing forms and investigating the claim, the Company does not admit that there is any insurance in force and does not waive any of its rights or defenses.

IMPORTANT:

Please take note: delays in the processing of your claim will occur if all the following have not been provided to our company: the completed claim forms and the itemized bill(s) from your medical provider.

PLEASE NOTE: Incomplete claim forms will result in a delay in the processing of your claim.



SmartHealth PayCard Group Accident Medical Expense Claim Form

TO BE COMPLETED BY THE INSURED

Group Name: _____ Name of Insured: _____
FIRST INITIAL LAST

Insured Date of birth: _____ Social Security number: _____

Address: _____
STREET CITY STATE ZIP CODE

Telephone number: _____ Email address: _____

Patient's Name and Relationship (If other than Insured): _____

Patient's Date of birth: _____ Male Female

Date and time of accident: _____

Where did the accident occur (Please include specific address): _____

Please describe the Injury sustained as a result of the accident: _____

Please describe, in detail, the specific circumstances surrounding the accident: _____

Was this a work related accident / injury: Yes No Are you self employed: Yes No
Was a claim filed due to this accident / injury with your Workers' Compensation carrier: Yes No
If yes, please indicate the name and telephone number of your Workers' Compensation carrier: _____

If no, please explain why: _____

Have you ever had this condition before: Yes No If yes, please indicate month, date, and year: ____/____/____

I hereby authorize Forrest T. Jones & Company to pay bills in connection with this accident directly to the Hospital or Other Medical Provider as indicated below: I understand that I am financially responsible to the Hospital or Other Medical Provider for charges not covered by the policy.

Signature of Insured _____ Date _____

Hospital or Other Medical Provider Name _____ Hospital or Other Medical Provider Name _____

Address _____ Address _____

Telephone Number _____ Telephone Number _____

The information I have provided on this form is accurate to the best of my knowledge. I have received and read the fraud warning statements provided with this form.

Signature _____ Date _____

FRAUD NOTICE: For the states of AL, AZ, AR, CA, CO, DE, DC, FL, GA, IN, KS, KY, LA, MD, ME, NC, NE, NJ, NM, OK, OR, PA, RI, TN, TX, VA, VT, WA and WV, please refer to the following fraud notices:

Alabama: Any person who knowingly presents a false or fraudulent claim for payment of 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.

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, Rhode Island, West Virginia: 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.

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.

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.

Delaware: 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 or an application containing any false, incomplete, or misleading information is guilty of a felony of the third degree.

Georgia, Oregon, Vermont: 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.

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.

Kansas: 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 as determined by a court of law.

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.

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

Maine, Tennessee, 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.

Nebraska: 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 false, incomplete or misleading information is guilty of insurance fraud.

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 Mexico: 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.

North Carolina: Any person with the intent to injure, defraud, or deceive an insurer or insurance claimant is guilty of a crime (Class H felony) which may subject the person to criminal and civil penalties.

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.

Texas: Any person who knowingly presents a 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.

Virginia: Any person who, with the 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 may have violated state law.