

HOSPITAL REPORT (ATTACH ITEMIZED HOSPITAL BILL, IF ANY)

THIS SECTION MUST BE COMPLETED BY PARENT OR GUARDIAN			
IF BLUE CROSS (HOSPITALIZATION) GROUP # CONTRACT # SERVICE CODE #		IF BLUE SHIELD (PHYSICIAN'S CARE) GROUP # CONTRACT # SERVICE CODE #	
NAME & ADDRESS OF MOTHER'S EMPLOYER		NAME & ADDRESS OF FATHER'S EMPLOYER	
DO YOU HAVE MEDICAL INSURANCE OTHER THAN BLUE CROSS? <input type="checkbox"/> Yes <input type="checkbox"/> No	IF SO, NAME OF COMPANY		POLICY NUMBER
ADDRESS OF OTHER INSURANCE COMPANY NAMED ABOVE			TYPE OF PLAN FROM THIS COMPANY <input type="checkbox"/> Individual <input type="checkbox"/> Group
AFFIDAVIT I verify that the above statement on other insurance is accurate and complete. I understand that the intentional furnishing of incorrect information via the U.S. Mail may be fraudulent and violate federal laws. I agree that if it is determined at a later date that there are other insurance benefits collectible on this claim I will reimburse the school's insurance company to the extent of any amount collectible.			
SIGN: Parent or Guardian _____ Date _____			
If Insured is hospital confined, please complete AUTHORIZATION below and return immediately to eliminate any delay in completion of claim.			
AUTHORIZATION			
I authorize any physician and/or hospital to release such information as relates to this claim to The Insurance Company or the Company's authorized Claims Administrator.			
Signature _____ Date _____			
AUTHORIZATION TO PAY BENEFITS TO PROVIDER			
I authorize payment of Medical payments to Physician or Supplier for Services described on the reverse side.			
SIGN: Parent or Guardian _____ Date _____			

FRAUD WARNING

California & Texas Residents: 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.

Colorado Residents: 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.

District of Columbia Residents: 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 Residents: 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.

New York Residents: 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.

Tennessee Residents: 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.

Virginia Residents: 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.