



AMERICAN NATIONAL INSURANCE COMPANY

**Hospital Confinement Claim Form**

Mail Processing Center, P.O. Box 10546, Springfield, MO 65808-0546 Toll-free (800) 899-6520 Fax (866) 490-3164

**CLAIMANT INFORMATION**

1. Policy or Identification Number:	2. Name of patient:	4. Patient's Date of Birth:
	3. Name of insured:	

**MEDICAL INFORMATION**

5. Nature of injury or illness:		6. If accident, date of injury, or if illness, date of first symptoms:
7. How did the accident happen?		
8. Where did the accident happen?		9. Was the accident work-related? Yes    No
10. Name of hospital that first treated the patient for this condition:	11. Hospital's address and phone number:	12. Dates of confinement?

**OTHER COVERAGE INFORMATION**

13. Does the patient have other medical coverage? Yes    No	14. Name & Address of Company:	
15. Plan or Group Number of other medical coverage:		16. Plan or Group Effective Date:

17. I declare the answers and statements herein to be true. I hereby authorize the use or disclosure of my health information as described in this authorization. American National Insurance Company or its Agent acting on its behalf is authorized to receive and use the information to determine payment or for other health care operations. This Authorization is for the release of all Medical Records for diagnosis and treatment during the last five (5) years. Health Information may be used for Claim Processing and/or Care Management. The Authorization for Release of Health Information expires one (1) year from the date this authorization is signed.

Signature \_\_\_\_\_ Date \_\_\_\_\_ Tel. No. \_\_\_\_\_

Address \_\_\_\_\_  
Street
City
State
Zip

**THIS FORM MUST BE SIGNED BY THE PATIENT. A PARENT OR LEGAL GUARDIAN MUST SIGN IF PATIENT IS A MINOR.**

**FRAUD NOTICES**

Any person who knowingly and with intent to defraud any insurance company or other person files an application for 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. Alabama and California residents: Any person who knowingly presents a false fraudulent claim for the payment of 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: 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. 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 violation.

**ATTENDING PHYSICIAN'S STATEMENT FOR HOSPITAL CONFINEMENT**  
THE PATIENT IS RESPONSIBLE FOR THE COMPLETION OF THIS FORM WITHOUT EXPENSE TO THE COMPANY

Name of Patient: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

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**1. Diagnosis (include ICD10 code)**

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**2. Present Condition**

(a) Subjective symptoms \_\_\_\_\_

(b) Objective findings - include results of current X-rays, E.K.G's., or any other special tests.

(c) Is Patient:                    Ambulatory?                    Bed Confined?                    House Confined?                    Hospital Confined?

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**3. Prognosis**

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**4. History**

(a) When did symptoms first appear or accident happen? \_\_\_\_\_

(b) Has the Patient ever had the same or similar condition(s)? \_\_\_\_\_

Yes                    No

If "Yes", state when and describe.

(c) Is condition primarily related to the Patient's employment? \_\_\_\_\_

Yes                    No

If Yes, explain:

(d) When did Patient first consult you for this condition? \_\_\_\_\_

(e) Was this Patient referred to you by another Physician? \_\_\_\_\_

Yes                    No

If "Yes", please give name and address of referring Physician. \_\_\_\_\_

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**5. Treatment**

(a) Dates of treatment \_\_\_\_\_

(b) Frequency of visits: \_\_\_\_\_

Weekly

Monthly

Other, Specify: \_\_\_\_\_

(c) Has Patient undergone surgery? \_\_\_\_\_

Yes                    No

If "Yes", give date, procedure and results. \_\_\_\_\_

If "No", do you expect surgery to be performed in the future? \_\_\_\_\_

Yes                    No

If "Yes", give date and type of surgery: \_\_\_\_\_

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Admitted

Discharged

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**6. Hospital Confinement Dates**

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**7. Restriction and Limitations**

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**8. Competency**

Is the patient competent to endorse checks and direct the use of the proceeds with a clear understanding of his/her acts?

Yes                    No

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9. Remarks: (any comments not embraced by above questions)

\_\_\_\_\_  
Signature of Attending Physician

\_\_\_\_\_  
Date

Physician Name \_\_\_\_\_

Email \_\_\_\_\_

Address \_\_\_\_\_

Phone \_\_\_\_\_

Fax \_\_\_\_\_

## **FRAUD WARNING NOTICES**

**For your protection, certain states requires the following to be attached to this form.**

**ALASKA:** Any 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 the 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:** 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 be attached to this form: Any person who knowingly presents a false or fraudulent claim for the payment of a loss is guilty of a crime and maybe 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.

**IDAHO:** 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.

**INDIANA:** Any 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.

**KENTUCKY:** Any person who knowingly and with intent to defraud any insurance company or other person files a statement or 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.

**LOUISIANA:** Any person who knowingly presents a false or fraudulent claim for payment or 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.

**MAINE:** 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.

**MARYLAND:** Any person who knowingly presents a false or fraudulent claim for payment or 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.

**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 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.

**NEW YORK:** Any person who knowingly and with intent to defraud any insurance company or other person files a statement or 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 (\$5,000.00) 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:** 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 an insurance company or other person files an application for insurance or statement of claim containing any materially false or deceptive 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.

**TENNESSEE:** 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.

**TEXAS:** 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.

**VIRGINIA:** 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.

**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 include imprisonment, fines and denial of insurance benefits.

**WEST VIRGINIA:** 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.

**ALL OTHER STATES:** Any person who knowingly and with intent to defraud an insurance company or other persons, 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, subject to criminal prosecution and/or civil penalties.