



**CLAIMANT'S SUPPLEMENTAL REPORT**

Policyholder's Full Name \_\_\_\_\_ Policy No. \_\_\_\_\_

1. Address: \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Is address:  Permanent or  Temporary? Telephone: area code ( \_\_\_\_\_ ) \_\_\_\_\_

2. Have you been able to return to work since last report?  Yes  No

3. If question 2 is answered yes:

a. When were you able to return to work on a part-time basis? Date \_\_\_\_\_

b. When were you able to return to work on a full-time basis? Date \_\_\_\_\_

4. What dates were you confined indoors?

FROM \_\_\_\_\_ TO \_\_\_\_\_  
Month Day Year Month Day Year

5. If question 2 is answered no:

a. When do you intend to return to work on a part-time basis? Date \_\_\_\_\_

b. When do you intend to return to work on a full-time basis? Date \_\_\_\_\_

c. Has your physician advised you when you can return to work? Date \_\_\_\_\_

6. Have you been treated by any physician other than the one who will or has completed the opposite side of this form?  Yes  No

a. If answered yes, what is his name? \_\_\_\_\_

Address? \_\_\_\_\_

b. What were the dates of treatment? \_\_\_\_\_

c. When is your next appointment scheduled with him? \_\_\_\_\_

d. What has he advised you? \_\_\_\_\_

e. List dates of treatment since last claim form. \_\_\_\_\_

7. Were you confined to a hospital since last report?  Yes  No

a. If yes, what is the name of the hospital? \_\_\_\_\_

Address? \_\_\_\_\_

b. The dates of confinement are:

FROM \_\_\_\_\_ TO \_\_\_\_\_

\_\_\_\_\_  
Signature

Social Security # \_\_\_\_\_

Please complete and return the attached Authorization.

## ATTENDING PHYSICIAN'S STATEMENT

Patient's Name \_\_\_\_\_

1. Cause of disability \_\_\_\_\_

2. Date patient returned to work full-time? \_\_\_\_\_ Part-Time? \_\_\_\_\_

3. If patient has not returned to work, when do you estimate that he will be able to return on a full-time basis? \_\_\_\_\_  
Part-time basis? \_\_\_\_\_

4. Dates of treatment since last report? \_\_\_\_\_

5. What is the prognosis? Please explain. \_\_\_\_\_  
\_\_\_\_\_

6. What is prolonging the length of disability? Please explain. \_\_\_\_\_  
\_\_\_\_\_

7. Was patient confined to a hospital since last report?     Yes     No

a. If yes, what is the name? \_\_\_\_\_  
Address? \_\_\_\_\_

b. Dates of confinement: FROM \_\_\_\_\_ TO \_\_\_\_\_

c. Why was the hospitalization necessary? \_\_\_\_\_

8. Was patient confined to his home?     Yes     No

a. If yes, the dates are:  
FROM \_\_\_\_\_ TO \_\_\_\_\_

Date \_\_\_\_\_ Doctor's Signature \_\_\_\_\_

Street Address \_\_\_\_\_ City or Town \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Telephone: ( \_\_\_\_\_ ) \_\_\_\_\_

**YOUR KIND ASSISTANCE HELPS TO EXPEDITE OUR PAYMENT  
TO YOUR PATIENT AND OUR INSURED**

**Attention Residents of ALABAMA:** Any person who knowingly presents a false or fraudulent claim for payment of a 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.

**Attention Residents of 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.

**Attention Residents of 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.

**Attention Residents of ARKANSAS, LOUISIANA and WEST VIRGINIA:** 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.

**Attention Residents of 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.

**Attention Residents of 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.

**Attention Residents of DELAWARE, IDAHO and INDIANA:** 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.

**Attention Residents of 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.

**Attention Residents of 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.

**Attention Residents of 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.

**Attention Residents of MAINE, TENNESSEE, VIRGINIA and 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.

**Attention Residents of 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.

*Effective January 1, 2013*

**Attention Residents of MARYLAND:** Any person who knowingly or willfully presents a false or fraudulent claim for payment of a loss or benefit or who knowingly or willfully presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

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

**Attention Residents of 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.

**Attention Residents of 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.

**Attention Residents of 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.

**Attention Residents of 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.

**Attention Residents of PENNSYLVANIA:** Any person who knowingly and with the 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.

**Attention Residents of RHODE ISLAND:** 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.

**Attention Residents of 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.

**Attention Residents of VERMONT:** Any person who knowingly, and with the intent to injure, defraud or deceive any insurance company, files a statement of claim containing any false, incomplete or misleading information may be guilty of fraud and may be subject to criminal or civil penalties.