



**MEDICO® CORP**

**LIFE INSURANCE COMPANY**

P.O. Box 1, Des Moines, Iowa 50306-0001

## Wellness and Alternative Care Claim Form

### INSTRUCTIONS

1. Complete entire form below. Check the appropriate benefit for your claim being submitted.
2. Determine what benefit the claim is being filed for:
  - a) **Cancer Screening or Diagnostic Test Benefit:** Contact the health facility where you treated and request either a UB04 Form or a HCFA 1500 Form. If they are unable to provide this, ask them for an itemized bill with procedure & diagnosis codes.
  - b) **Healthy Lifestyle Program Benefit:** Attach a dated receipt that has your name and the name or description of the program.
  - c) **Alternative Care Benefit:** Attach itemized bills for expenses which include: date of service; total charge; and CPT and/or HCPCS procedure codes or detailed description per charge. Obtain a letter from your physician prescribing this type of alternative care and the reason for this treatment.
3. Attach any doctor's recommendations or explanation for service.
4. Make a copy for your records.

1. Patient's Name \_\_\_\_\_
2. Address (City, State, Zip) \_\_\_\_\_
3. Phone Number \_\_\_\_\_ 4. Policy Number \_\_\_\_\_
5. Name of Service Provider \_\_\_\_\_
6. Service Provider Address (City, State, Zip) \_\_\_\_\_
7. Type of Service that was done \_\_\_\_\_

## Medico Corp Life Insurance Company

**P.O. Box 1**

**Des Moines, IA 50306-0001**

I understand that this information will be used by Medico Corp Life Insurance Company for the purpose of evaluating my claim for insurance benefits. I represent that the answers to the above questions are complete, true and correct to the best of my knowledge and belief. I understand that I or my authorized representative is entitled to receive a copy of this authorization upon request.

Be sure to sign below.

\_\_\_\_\_  
**Name of Patient**

\_\_\_\_\_  
**Signature of Patient,  
Authorized Representative, or Next of Kin**

\_\_\_\_\_  
**Date Signed  
(Month Day Year)**

(If Patient is incapacitated, Parent or Guardian must sign. IF PATIENT IS DECEASED, Personal representative or Next of Kin must sign.)

**The Furnishing of the Form is not admission of any Liability on the part of the Company.**

*If you have further questions,  
please contact our Customer Care Center at*

**1-800-822-9993**

**For your protection state law requires the following statements to appear on this form.**

**FRAUD WARNING STATEMENT**

<b>Alabama</b>	Any person who knowingly presents 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.
<b>California</b>	For your protection California law requires the following to appear on this form. 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.
<b>Colorado</b>	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.
<b>District of Columbia</b>	<b>WARNING:</b> It is a crime to provide false or misleading information to an insurer for the <i>purpose of defrauding</i> 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.
<b>Florida</b>	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.
<b>Minnesota</b>	A person who files a claim with intent to defraud or helps commit a fraud against an insurer is guilty of a crime.
<b>New Hampshire</b>	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."
<b>New York</b>	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 civil penalty not to exceed five thousand dollars and the stated value of the claim for each such violation.
<b>Pennsylvania</b>	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.
<b>Rhode Island</b>	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.
<b>Tennessee</b>	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.
<b>Residents of All Other States</b>	<b>WARNING:</b> Any person who knowingly files a claim containing false, incomplete, or misleading information with intent to injure, defraud or deceive is guilty of a crime and may be subject to civil and criminal penalties. In addition, an insurer may deny insurance benefits if false information materially related to a claim was provided by the applicant.

The furnishing of forms does not constitute an admission of liability on the part of the Company.