

## **ACCIDENT CLAIM FORM**

MAIL TO: Administrative Concepts, Inc. P.O. Box 4000 Collegeville, PA 19426-9000 www.visit-aci.com

BOTH SIDES OF CLAIM FORM MUST BE COMPLETED AND RETURNED WITH ITEMIZED BILLS WITHIN 30 DAYS.

## **EDI PAYOR ID# 22384**

	PART A	: SCHOOL AND	PARENT		
Polic	cy No		<u> </u>		
(1)	School:		_ (2) School II	D#:	
(3)	School Address:				
(5)	Student:(LAST NAME) (FIRS			s Social Securi	ty#
	(LAST NAME) (FIRS	Male 🖵			
(7)	Grade: (8) Birthdate (9)		Date of Injury		(11) Time
(12)	Where did injury occur?(6)				
(14)	How did injury occur?			mot troutmont	
(15)	Part of body injured			sport	
(17)	At the time of injury was the student involved in a				
(18)	If athletics, designate:  P.E. Class				
(19)	Under whose supervision?				
(20)	Signature: X		Title	Da	te
	Signature: X	cial unless injury di	d not occur during s	school activity.)	
	ninistrative Concepts, Inc. does not share p We are committed to guard	rivate health in	formation exce	pt as require	
		<del></del>	IAN STATEMEN		
(1)	Student's Social Security #				
(3)			Social Security #		
(4)	Mother's Name				
(5)	Home Address(STREET)			•	
· ·	(STREET)	(CITY)			(HOME PHONE NO.)
(6)	Father's Employer				#
(7)	Employer's Address				
(8) (9)	Name and Address of other Insurance Company_ Policy No	☐ Group	☐ Individual	Othor	☐ No Other Insurance
(10)	Mother's Employer	•			
(11)	Employer's Address				
(12)	Name and Address of other Insurance Company_				
	Policy No	☐ Group	☐ Individual	Other	☐ No Other Insurance
(.0)					
inforn are of	FIDAVIT: I verify that the above statement on other insur mation via the U.S. Mail may be fraudulent and violate fed ther insurance benefits collectible on this claim I will reimb d not have been liable.	leral laws as well as	state laws. I agree t	nat if it is determ	ined at a later date that there
SIGI	N: Parent or Guardian:			Date	
PAYI	MENT WILL BE MADE TO THE PROVIDERS O	OF SERVICE (HC	SPITAL, PHYSIC	IAN AND OTH	HERS), UNLESS A PAID
REC	EIPT OR STATEMENT ACCOMPANIES THE BILL	AT THE TIME TH	E CLAIM IS SUBN	IITTED.	
nistrativ had in t iry healt orization	cal care provider, medical care facility, Insurer, government-spec Concepts, Inc. or the underwriting company. This applies to the past. The Company will use this information to determine th insurance carrier (if any) or persons or organizations performs shall be considered as effective and valid as the original and apport of my claim is true and correct.	o all information abou if my claim is eligible orming investigative o	It the diagnosis, treatr . Any information obta r legal services for the	nent, or prognosis ined will not be re e Company in cor	s of any illness or injury I now heleased by the Company excep nnection with my claim. A copy
ent's o	r Authorized Representative's Signature				
horize	ed Representative, Relationship to Patient				
, –					
egal D	esignationstreet		CITY	STATE	ZIP CODE +



## **INSTRUCTIONS**

- 1. PART A must be completed by the school.
- 2. PART B must be completed by Parent or Guardian.
- 3. Attach all itemized medical bills you have received to date. Later bills can be mailed to the insurance company separately. Please show name of school on all later bills.
- 4. Mail this report and bills within 30 days after the first treatment to:

Administrative Concepts, Inc. P.O. Box 4000 Collegeville, PA 19426-9000

## Important Notice

- ❖ In General, and specifically for residents of Arkansas, Illinois, Louisiana, Rhode Island 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.
- \* For Residents of Alabama: 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 restitution fines and confinement in prison, or any combination thereof.
- \* For 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.
- \* For residents of the District of Columbia: <u>WARNING</u>: 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.
- For 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.
- \* For residents of Kentucky: Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance 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.
- For 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.
- For residents of Oregon: Any person who knowingly and 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 may be guilty of a crime and may be subject to fines and confinement in prison.
- \* For 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.
- \* For residents of New Jersey: Any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties.
- ❖ For 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.
- \* For residents of New York: 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.
- For 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.
- ❖ For 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.
- \* For residents of 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.
- \* For 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.