

CLAIMS REPORTING INFORMATION

Note: This is Occupational Accident, not Workers Compensation.

CLAIMS COMPANY: Claims TPA
PO Box 2069
Fairhope, AL 36532

PHONE: 866.696.0409

FAX: 251.666.1806

EMAIL: claims@TPACLAIMS.com

**AFTER HOURS
EMERGENCY PHONE NUMBER: 866.696.0409**

In event of a claim, take the following action relative to reporting immediately:

Call claims company (except for minor incidents) to discuss Physicians and treatment to optimize care and cost efficiency.

Submit to Claims TPA the fully executed and completed "Initial Claimant's Statement" form.

Provide the "Initial Attending Physician's Statement" form for initial visit to the attending physician for his/her completion, signature, and submission to Claims TPA. All medical bills are to be sent directly to Claims TPA for review and payment.

claims@CLAIMSTPA.com

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INITIAL CLAIMANT'S STATEMENT

Please complete this form, sign and date BOTH lines, and submit immediately.

Claimants Name	¹ First					
	² Middle					
	³ Last					
⁴ Phone Number				⁵ Social Security Number		
⁶ Date of Birth (MM/DD/YYYY)				⁷ Height		⁸ Weight
Address	⁹ Street 1					
	¹⁰ City			¹¹ State		¹² Zip
¹³ Participant Sponsor (Company you are sponsored with)						
¹⁴ Contractor ID #				¹⁵ Average gross monthly earnings		
¹⁶ Describe the duties of your job						
¹⁷ Describe injury fully						
¹⁸ Describe how the accident occurred						
¹⁹ Where (exact location, i.e, closest road or highway intersection, city and State) did the accident occur?						
Injury Occurrence	²⁰ Date (MM/DD/YYYY)					
	²¹ Time (HH:MM)					
To whom did you report the injury to at the company?		²² Name				
		²³ Phone Number				
²⁴ Was injury due to accident to vehicle in which you were driving or riding? <input type="checkbox"/> No <input type="checkbox"/> Yes, if "Yes":		^{24a} Type of Vehicle				
		^{24b} License Number				
²⁵ Have you ever had a similar injury? <input type="checkbox"/> No <input type="checkbox"/> Yes, if "Yes":		^{25a} When (MM/DD/YYYY)				
^{25b} Explain						
²⁶ When did you cease all work (MM/DD/YYYY)?						
²⁷ When did you first consult a physician (MM/DD/YYYY)?						
^{27a} Physicians Name			^{27b} Phone Number			
Address (if known)	^{27c} Street 1					
	^{27d} City			^{27e} State		^{27f} Zip
²⁸ List all dates of treatment (MM/DD/YYYY)						
²⁹ On what basis did you return to duties of job? <input type="checkbox"/> Partial <input type="checkbox"/> Full		^{29a} What date did you return to duties of job (MM/DD/YYYY)?				
³⁰ Were you confined to hospital? <input type="checkbox"/> No <input type="checkbox"/> Yes, if "Yes":		^{30a} Date Admitted (MM/DD/YYYY)				
		^{30b} Date Discharged (MM/DD/YYYY)				
		^{30c} Hospital Name				

		30d. Hospital Phone Number			
Hospital Address (if known)	30e. Street 1				
	30f. City		30g. State	30h. Zip	
31. Family Physicians Name				31a. Phone Number	
Address (if known)	31b. Street 1				
	31c. City		31d. State	31e. Zip	
32. Is coverage available under the federal Social Security Act or similar law? <input type="checkbox"/> No <input type="checkbox"/> Yes, if "Yes":		32a. Insurer			
		32b. Policy Number			
		32c. Phone Number			
33. Is Medicare primary? <input type="checkbox"/> No <input type="checkbox"/> Yes, if "Yes":		33a. HICN			
		33b. Policy Number			
		33c. Phone Number			
34. Do you qualify for Workers' Compensation or any other similar statutory program? <input type="checkbox"/> No <input type="checkbox"/> Yes, if "Yes":		34a. Insurer			
		34b. Policy Number			
		34c. Phone Number			
35. Is vehicle no-fault or personal injury protection coverage available on a compulsory or optional basis? <input type="checkbox"/> No <input type="checkbox"/> Yes, if "Yes":		35a. Insurer			
		35b. Policy Number			
		35c. Phone Number			
36. Is coverage available under an individual or Group Medical Policy? <input type="checkbox"/> No <input type="checkbox"/> Yes, if "Yes":		36a. Insurer			
		36b. Policy Number			
		36c. Phone Number			

Any person who knowingly and with intent to fraud any insurance company or other person by filing 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.

I hereby certify the above statements are true and correct, to the best of my knowledge.

Date (MM/DD/YYYY)		Signature	
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..... **RECORD AUTHORIZATION**

I authorize any licensed physician, medical practitioner, hospital (including Veteran's Hospital) clinic, employer or insurance company that has records or knowledge of me or my health, including diagnosis, treatment and prognosis of a physical or mental condition, to give SureGo any such information. I also authorize the release of this information to any agency employed by the company to collect and transmit this information. The purpose for this authorization is processing my claim. I understand that upon request I may receive a copy of this authorization and that a photo static copy will be as valid as the original.

Date (MM/DD/YYYY)		Signature	
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Applicable in 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.

Applicable in 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.

Applicable in 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.

Applicable in 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.

Applicable in 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.

Applicable in 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.

Applicable in 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.

Applicable in the 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.

Applicable in Florida: 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 of the third degree.

Applicable in Idaho: Any person who knowingly, and with intent to defraud or deceive any insurance company, files a statement containing any false, incomplete or misleading information is guilty of a felony.

Applicable in Indiana: A 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.

Applicable in Kansas: Any person who, knowingly and with intent to defraud, presents, causes to be presented or prepares with knowledge or belief that it will be presented to or by an insurer, purported insurer, broker or any agent thereof, any written, electronic, electronic impulse, facsimile, magnetic, oral, or telephonic communication or statement as part of, or in support of, an application for the issuance of, or the rating of an Insurance policy for personal or commercial insurance, or a claim for payment or other benefit pursuant to an insurance policy for commercial or personal insurance which such person knows to contain materially false information concerning any fact material thereto; or conceals, for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act.

Applicable in 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.

Applicable in Louisiana: 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.

Applicable in 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 denial of Insurance benefits.

Applicable in 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.

Applicable in Michigan: 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.

Applicable in Minnesota: A person who files a claim with intent to defraud or helps commit a fraud against an insurer is guilty of a crime.

Applicable in Nevada: Pursuant to NRS 686A.291, any person who knowingly and willfully files a statement of claim that contains any false, incomplete or misleading information concerning a material fact is guilty of a category D felony.

Applicable in 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.

Applicable in New Jersey: Any person who knowingly files a statement of claim containing any false or misleading information is subject to criminal and civil penalties.

Applicable in 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.

Applicable in 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.

Applicable in 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.

Applicable in 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.

Applicable in Oregon: Any person who knowingly and with intent to defraud or solicit another to defraud the insurer by submitting an application containing a false statement as to any material fact may be violating state law.

Applicable in 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.

Applicable in Puerto Rico: Any person who knowingly and with the intention of defrauding presents false information in an insurance application, or presents, helps, or causes the presentation of a fraudulent claim for the payment of a loss or any other benefit, or presents more than one claim for the same damage or loss, shall incur a felony and, upon conviction, shall be sanctioned for each violation by a fine of not less than five thousand dollars (\$5,000) and not more than ten thousand dollars (\$10,000), or a fixed term of imprisonment for three (3) years, or both penalties. Should aggravating circumstances be present, the penalty thus established may be increased to a maximum of five (5) years, if extenuating circumstances are present, it may be reduced to a minimum of two (2) years.

Applicable in Rhode Island: 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.

Applicable in 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.

Applicable in 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.

Applicable in 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.

Applicable in 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.

Applicable in 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

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INITIAL ATTENDING PHYSICIAN'S STATEMENT

Please take to your next doctor's appointment and have the attending physician complete, sign and submit to Claims TPA.

Send to: Claims TPA
PO Box 2069
Fairhope, AL 36532

NOTE: Bills are paid pursuant to usual and customary for geographical area.

Patient's Name:

Date of Birth:

1. Diagnosis: (Describe complications including any other disease effecting present condition)

2. Is the current treatment for the above patient for Accident or Sickness?

3. If accident, do you have any knowledge as to how accident occurred? Yes No
(If yes, please describe)

4. When did symptoms first appear or accident happen? Date (MM/DD/YY): Time (HH:MM):

5. When did patient first consult you for this condition? Date:

6. Has patient ever had same or similar condition? Yes No (If yes, state when and describe)

7. Hospital name, city and state, and dates confined:
Date From: _____ Date To: _____

8. Nature of surgical procedure, if any (describe fully)

Charge for this procedure and date performed. \$: _____ Date: _____
Where performed? If in the hospital, In-patient Out-patient

9. Give dates of treatment Office: _____ Charge per Call \$ _____
Hospital: _____ Charge per Call \$ _____

10. Is patient still under your care for this condition? Yes No If discharged, give date: _____

11. How long was or will patient be continuously totally disabled (unable to do any duties of his/her occupation)?
From Date: _____ To Date: _____ If estimated for a period over 4 weeks or unknown at this
time, please provide date of next appointment for follow-up: _____

12. How long was or will patient be partially disabled (unable to do one or more important duties)?
From Date: _____ To Date: _____ If estimated for a period over 4 weeks or unknown at this
time, please provide date of next appointment for follow-up: _____

13. Is condition due to injury arising out of patient's occupation? Yes No

14. Are you this patient's family physician? Yes No (If no, please list family physician's information below)
Family Physician _____ City/State _____

Signature of Physician completing this statement: _____

Date: _____

Print Physician's name: _____

Facility Where Services Rendered: _____