

**Standard Life & Accident Insurance Company****Long Term Care /Nursing Home Claim Form**

P.O. BOX 10546, SPRINGFIELD MO 65808-0546 (888) 350-1488

LTCInquiriesMB@AmericanNational.com

THIS FORM MUST BE COMPLETED AND SIGNED BY A FACILITY REPRESENTATIVE

To file a claim for the Insured, please complete the information requested below. Send the completed form and attachments to the address above.

We will process this Claim upon receipt of all requested information. If you need assistance, you may contact our office at (888) 350-1488. **Please file claims monthly, after the end of the month.**

DATE: _____**FACILITY:** _____**ADDRESS:** _____**FAX#:** _____**PHONE#:** _____**INSURED:** _____**POLICY#:** _____Admission date(s): _____ **CLAIM PERIOD:** _____

Admitting diagnosis: _____

Was there a Hospital stay prior to admit? YES NO

If YES, confinement dates: _____ Admitting diagnosis: _____

Admitting physician's name: _____ Phone #: _____

Address: _____ FAX #: _____

Is Insured still a resident? YES NO

If YES, estimated date of release: _____

If NO, please give discharge date _____ and disposition: _____

Any 24-hour breaks in confinement for this **CLAIM PERIOD**? YES NO

If YES, what were the dates of the break? _____

Was the Insured hospitalized during this break? YES NO

If YES, what were the hospital confinement dates? _____

What level of care did this insured receive (SNF, ICF, ALF, RCF, etc.)? _____

How does the facility license categorize this facility (SNF, ICF, ALF, RCF, etc.)? _____

- Provide a copy of the facility license
- Facility Tax ID#: _____

Payment status for dates of confinement in this **CLAIM PERIOD** that were

- MEDICARE APPROVED: _____
- PRIVATE PAY: _____
- MEDICAID COVERED: Effective date: _____

[This form continues on the next page]

INSURED: _____

POLICY: _____

Please provide the following clinical care information:

	Yes	No	If YES, give frequency:
Catheterized			_____
Decubitus Care			_____
Sterile Dressings			_____
Daily Injections			_____
Monitoring Blood Pressure			_____
Monitoring Pulse			_____
Occupational/ Physical/ Speech/ Restorative Therapy			_____
If there is Therapy, is it performed/evaluated by a Registered Therapist			_____

Please attach copies of the following for this **CLAIM PERIOD**:

- Medicare Explanation of Benefits for dates that were Medicare Approved, if applicable
- Assignment of Benefits instructing **Standard Life** to pay facility, if applicable
- Facility's Resident Admission Assessment, including MMSE exam, if new admission
- Facility's Resident Assessment(s), if continuing claim
- Physician's Letter of Medical Necessity OR Admission Orders OR Medicare Certification (document must be signed & dated by the physician)
- Physician's Orders for Medication and Treatment
- Physician's progress notes for facility visits *
- Nurse's progress notes and/or incident reports *
- Itemized billing, including the daily room rate

No physician notes

SEE ATTACHED

No nurses notes

SEE ATTACHED

***PLEASE INDICATE IF ANY NOTES WERE RECORDED FOR THIS CLAIM PERIOD**

Name of Facility Representative (Please Print): _____

Title: _____

Signature: _____

Date: _____

FRAUD WARNING NOTICES

**For your protection, certain states require 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 appear on this form: Any person who knowingly presents false or fraudulent information to obtain or amend insurance coverage or to make a claim for the payment of a loss is guilty of a crime and may be 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 file 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.