SURETY LIFE AND CASUALTY INSURANCE COMPANY

Accident and Critical Illness Insurance Claim Form

HOW TO SUBMIT YOUR CLAIM

STEP 1. Complete Part A below as it applies to this claim. Date and sign for all claims
STEP 2. Have your attending physician complete Part B
STEP 3. When you and your attending physician have completed the form, in detail, attach the requested requirements and forward to us for review and processing to 827 28th St. S Suite C Fargo, ND 58103

PART A - TO BE COMPLETED BY INSURED (PLEASE PRINT)

Please Note: Failure to complete this form IN FULL may delay the review of your claim.

1. Policyholder Name _____ 2. Policy Number(s)_____
3. Date of Birth_____ 4. Home Phone_____
5. Home Address_____ 6. Cell Phone_____
7. Email Address_____

Complete for Spouse/Dependent

8. Name _____ 9. Date of Birth_____
10. Is Dependent Child married? ☐ Yes ☐ No
11. Is Dependent Child legally dependent on you and provide less than 50% of their own support? ☐ Yes ☐ No

Complete for Illness/Sickness

Claim for Cancer: Submit applicable Pathology Report(s)
Claim for Heart Attack/Stroke: Submit medical records regarding initial diagnosis

12. Describe condition:_____
_____
13. Date symptoms first noticed:_____ 14. Date first consulted physician_____

Complete for Accident

Submit Explanation of Benefits (EOB) from your Primary Health Insurance Provider.

Submit claim-related billing: Contact your provider's business office for itemized billing which includes diagnosis and procedure codes. (eg. CMS-1500 form, CMS-1450 form). Submit ambulance billing, if applicable.

Submit copy of any medical information pertaining to your claim that will support dates of visits, treatment, diagnosis and explanation of how the accident occurred. (Eg. ER Report/Notes, Operative/Radiology Report, Physician Notes, Hospital Admit/Discharge Summary.)

15. Date of accident _____
16. Where did accident happen? _____
17. How did the accident happen? _____
_____
18. Are you also filing a claim under Worker's Compensation Act? ☐ Yes ☐ No
19. Is the insured/dependent covered under any individual or group health insurance or federal Medicare/Medicaid Program? ☐ Yes ☐ No

Date and Sign

20. I certify that the above information is true and correct. A photographic copy of this certification shall be considered as effective and valid as the original. 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.

_____ _____
Signature of Policyholder Date

PART B (TO BE COMPLETED BY ATTENDING PHYSICIAN)

1. Patient's Name _____ Date of Birth_____
2. Nature and origin of: ☐ Sickness ☐ Injury
3. Diagnosis and concurrent conditions: (Provide diagnosis/ICD-10 code.)

   _____

   _____
4. When did symptoms first appear or accident happen? _____
5. When did Patient first consult you for this condition? _____
6. How did condition originate? _____
7. Has Patient ever had same or similar condition? ☐ Yes ☐ No If "Yes" list when and describe.

   _____

   _____
8. Describe any other disease or infirmity affecting present condition:_____

   _____
9. Medical Treatment Dates:

Date of Service	**Place of Service***	**Description of Surgical or Medical Service Rendered**

*O – Doctor's Office IH – Inpatient Hospital NH – Nursing Home

H – Patient's Home OH – Outpatient Hospital OL – Other Locations

10. Is patient still under your care for this condition? ☐ Yes ☐ No

    If discharged, give date and degree of recovery:

    Date_____ Recovered? ☐ Yes ☐ No

Physician's Signature_____ Degree_____

Physician's Name (please print)_____ Date_____

Complete Address_____ Phone_____

ATTN. CLAIMANTS: A law of your state requires us to inform you that any person knowingly and with intent to defraud any insurance company or other persons 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.