



Policy Name:  
United Business Association

Policy Number:  
HASA-CI-1001

- 1. PLEASE FULLY COMPLETE THIS FORM
  - 2. ATTACH ITEMIZED BILLS (UB04 OR CMS HCFA1500 Bill)
  - 3. MAIL TO HSR
- E-mail: [UBAclaims@hsri.com](mailto:UBAclaims@hsri.com)

8400 Belleview Drive  
Suite 150  
Plano, Texas 75024  
Payor ID# 65449  
Phone: (972) 512-5600 Fax: (972) 512-5820  
Toll Free (866) 523-3452

Insurance coverage is underwritten by  
SiriusPoint America Insurance Company

## BrightMed Critical Illness Claim Form

1. Claimant's Name (Insured)	2. Social Security Number	3. Gender <input type="checkbox"/> M <input type="checkbox"/> F	4. Date of Birth	5. E-Mail
6. Address of Claimant and Best Contact Phone Number (Include Area Code)				
7. If claim is on a dependent please complete the following: <input type="checkbox"/> Spouse <input type="checkbox"/> Domestic Partner/ Civil Union <input type="checkbox"/> Child/Stepchild			8. Dependent's Name	
9. Dependent's Date of Birth	10. Dependent's Social Security Number	11. Dependent's Address if Different		

### Critical Illness Information

- Cancer-Related Critical Illness: \_\_\_\_\_
- Cardiovascular-Related Critical Illness: \_\_\_\_\_
- Other Critical Illness: \_\_\_\_\_

See your policy for complete benefits and exclusions

12. Describe condition or illness

13. Date you were first seen for this condition	14. Confirmed diagnosis date	15. Have you ever been hospitalized for the same or similar condition <input type="checkbox"/> Yes <input type="checkbox"/> No
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16. If Yes to question 15 provide name and address of hospital

17. Reason for prior hospitalization

18. Are you currently hospitalized for your current condition?  
 Yes  No

19. If yes to question 18 provide name and address of hospital

20. Name and address of treating physician

New York Fraud Warning Notice: Any person who knowingly and with intent to defraud any insurance company or other person files and application for insurance, or statement of claim containing any materially false information, or conceals for the purpose of misleading information concerning any material 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

21. Signature of claimant 22. Date

In order to process your claim additional documentation may be required.  
Medical records, pathology reports, office visit notes, EKG scans and/or various other records  
Please complete and return page 2 along with this claim form so we may request these documents on your behalf  
By entering your name above in Part II and Part III, you are signing this claim form electronically. You agree  
your electronic signature is the legal equivalent of your manual/handwritten signature on this claim form.

## FRAUD WARNING NOTICES

Any person who knowingly presents a false or fraudulent claim for payment of 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.

### STATE SPECIFIC PROVISIONS

<b>Alabama</b>	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.
<b>Alaska</b>	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.
<b>Arizona</b>	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.
<b>Arkansas Louisiana</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>California</b>	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.
<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 for insurance proceeds shall be reported to the Colorado Division of Insurance within the Department of Regulatory Agencies.
<b>Connecticut</b>	This form must be completed in its entirety. Any person who intentionally misrepresents or intentionally fails to disclose any material fact related to a claimed injury may be guilty of a felony.
<b>Delaware Idaho</b>	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.
<b>District of Columbia</b>	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.
<b>Florida</b>	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.
<b>Hawaii</b>	For your protection, Hawaii law requires you to be informed that presenting a fraudulent claim for payment of a loss or benefit is a crime punishable by fines or imprisonment, or both.
<b>Indiana</b>	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.
<b>Kentucky</b>	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.
<b>Maine</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 may include imprisonment, fines, or denial of insurance benefits.
<b>Maryland</b>	Any person who knowingly and willfully presents a false or fraudulent claim for payment of a loss or benefit or who knowingly and willfully presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.
<b>Michigan North Dakota South Dakota</b>	Any person who knowingly and with intent to defraud any insurance company or another 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 and subject the person to criminal civil penalties.
<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>Nevada</b>	Any person who knowingly files a statement of claim containing any misrepresentation or any false, incomplete, or misleading information may be guilty of a criminal act punishable under state or federal law, or both and may be subject to civil penalties.
<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 RSA638:20
<b>New Jersey</b>	Any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties.
<b>New Mexico</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 civil fines and criminal penalties.
<b>Ohio</b>	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.
<b>Oklahoma</b>	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.
<b>Oregon</b>	Any person who knowingly and with intent to defraud or solicit another to defraud an insurer: (1) by submitting an application, or (2) by filing a claim containing a false statement as to any material fact thereto, may be committing a fraudulent insurance act, which may be a crime and may subject the person to criminal and civil penalties.
<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 West Virginia</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 Virginia Washington</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>Texas</b>	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>Utah</b>	Any person who knowingly presents false or fraudulent underwriting information, files or causes to be filed a false or fraudulent claim for disability compensation or medical benefits or submits a false or fraudulent report or billing for health care fees or other professional services is guilty of a crime and may be subject to fines and confinement in state prison. Utah Workers Compensation claims only.

# Authorization for Release of Medical Information

Patient Name \_\_\_\_\_

Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_ Social Security # \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

I, \_\_\_\_\_ patient of \_\_\_\_\_ (physician name)  
am authorizing Health Special Risk, Inc. to use and/or disclose my health information as identified below to:

Name of Provider \_\_\_\_\_

Address: \_\_\_\_\_

Phone Number \_\_\_\_\_

Fax Number \_\_\_\_\_

For the following purpose(s): Describe each purpose; if requested by the patient, you may state "at patient's request"

\_\_\_\_ All Records from \_\_\_\_\_ (date) to \_\_\_\_\_ (date)

\_\_\_\_ Initial Exam Records

\_\_\_\_ All Office Records

\_\_\_\_ All Hospital Records

\_\_\_\_ Laboratory / Pathology Reports

\_\_\_\_ Billing / Financial Statements

\_\_\_\_ (Initials) I DO (\_\_\_\_) or I DO NOT (\_\_\_\_) consent to the release of information relating to psychiatric or psychological testing, alcohol and / or drug abuse diagnosis, prognosis and treatment and /or HIV (AIDS) testing and/or results.

\_\_\_\_\_  
I understand that I may revoke this authorization in writing at any time except to the extent that action has been taken based on this authorization. I also understand that revocation will not apply to information that has already been released as specified by this authorization.

\_\_\_\_\_  
This consent shall become invalid **180** days from the date signed unless a different expiration date, event or condition is specified. Specify: \_\_\_\_\_

I understand that:

1. Information disclosed by this authorization may be re-disclosed by the recipient of your PHI. Such re-disclosure will no longer be protected by this authorization.
2. I have the right to receive a copy of this authorization.
3. A copy or facsimile of this authorization is as valid as the original.

\_\_\_\_\_  
Signature of Individual or Individual's Legal Representative

\_\_\_\_\_  
Date

\_\_\_\_\_  
Print Name or Print Name of Legal Representative

\_\_\_\_\_  
Relationship to Individual

**Mail To: Health Special Risk, Inc**  
**8400 Belleview Drive, Suite 150**  
**Plano, Texas 75024**

**or** **Fax to: 972-512-5820**  
**Phone: 800-328-1114**