

tel 800.362.0700 fax 610.965.6962 www.penntreaty.com

ATTENDING PHYSICIAN'S STATEMENT

Prompt completion of this form in its entirety will expedite our evaluation of your patient's claim. Fees for completing this form are not covered by the insurance and are the patient's responsibility.

Patient name		Policy #	DOB	//
1. Are you this par	tient's PCP? □ yes	☐ no If no, indicate your speci	Calty	
2. Was this patien	at referred to anothe	r physician, specialist, or surge	eon? □ yes □ no	If yes, please provide
Name		Telephone ()	Specialty	
3. Date you last sa	aw this patient	/ / Reason for visit _		
4. Diagnoses (or I	CD-9 codes) necessit	ating need for care and dates o	of onset	
5. Activity restrict	tions? 🗖 yes 🗖 no	If yes, list restrictions		
6. Level of care:	☐ Nursing home☐ Assisted living☐ Personal resid☐ Adult day care	g facility lence		r
7. Expected durat	ion of care	days or	weeks	
presents a false or f	raudulent claim for pa	require the following to appear on syment of a loss is guilty of a crimo panying page for mandated state-	e and may be subject	t to fines and confinemen
		/_	/ate	
v	ian signature			
Street			Fax ()	

Penn Treaty Network America Insurance Company (In Rehabilitation) (Penn Treaty Network America Life Insurance Company in California) American Network Insurance Company (In Rehabilitation)

City_____ State____ Zip____



FRAUD STATEMENT

For your protection, certain states require specific mandated fraud language to be included on all claim forms. Other states permit the use of a more generalized fraud statement.

California

For your protection, California law requires the following to appear on this form: 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.

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.

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.

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.

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 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.

Oregon

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, may be violating state law.

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.

All Other States Not Listed Above

WARNING: Any person who knowingly and with intent to injure, defraud or deceive any insurance company or other person files an application for insurance or statement of claim for payment of a loss or benefit containing any false, incomplete or misleading information, or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act and may be prosecuted under state law. Penalties may include imprisonment, fines, denial of insurance or insurance benefits, and civil damages. Insurance fraud is considered a felony offense in Delaware, Florida (third degree), Idaho, Indiana and Oklahoma.



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