

DOCUMENTO DE RECLAMO DE LESION ACCIDENTAL

Si no llena esta forma en su totalidad el proceso del reclamo se puede retrasar.

POR FAVOR LEA ESTA FORMA ANTES DE COMPLETARLA

Esta forma se provee como una cortesía para el Dueño de la Póliza y no tiene como propósito reconocer ninguna responsabilidad o derecho o renuncia de ninguna clase.

INSTRUCCIONES:

1. Llene la información del Asegurado-Paciente.
2. Por favor firme abajo de la forma.
3. Si estuviere pidiendo incapacidad, por favor complete "La Forma de Reclamo de Incapacidad"

NOTAS ADICIONALES:

1. Adjunte todas las cuentas relacionadas a este reclamo ya sea del doctor, hospital (debe de incluir numero de días que estuvo internado, si es pertinente), ambulancia, consultas medicas posteriores, terapia física, etc. Todas las cuentas deben de ser detalladas en la factura; incluyendo el diagnostico, servicios prestados, fecha de servicio y los cargos actuales por el servicio.
2. Asegúrese de incluir el número de la póliza en todos los documentos.

INFORMACION DEL ASEGURADO

Nombre del Dueño de la Póliza (Apellido, Primer nombre, inicial)		Numero De Póliza
Dirección (Ciudad, Estado, Código Postal)		<input type="checkbox"/> Marque en el cuadro si es una nueva Dirección Permanente
Seguro Social	Fecha De Nacimiento	Numero De Teléfono

INFORMACION DEL PACIENTE

Nombre del Paciente (Apellido, Primer Nombre, Inicial)		Número de Seguro Social	Fecha De Nacimiento	Estatura y Peso
<input type="checkbox"/> Masculino <input type="checkbox"/> Femenino	<input type="checkbox"/> Soltero <input type="checkbox"/> Otro <input type="checkbox"/> Casado	Relación: <input type="checkbox"/> Solo <input type="checkbox"/> Esposo(a)	<input type="checkbox"/> Dependiente <input type="checkbox"/> Marque si el dependiente es un e estudiante a tiempo completo	
*Si el paciente tiene mas de 19 años y es un estudiante a tiempo completo, escriba el nombre de la escuela a que asiste:		Dirección de la Escuela		

***Si nunca ha presentado prueba de ser estudiante a tiempo completo por el periodo en que ocurrieron los gastos médicos que reclama, Usted deberá hacerlo antes de que su reclamo pueda ser procesado.**

¿Que lesion sufrió?	Fecha de ocurrencia del accidente (MM/DD/AA)	Hora en que ocurrió el Accidente?	<input type="checkbox"/> AM <input type="checkbox"/> PM
El accidente resultado de la ocupación o trabajo del paciente? <input type="checkbox"/> Sí <input type="checkbox"/> No	Si su respuesta fue SI, por favor provea los detalles.		
¿Ha tenido la misma herida antes? <input type="checkbox"/> Si <input type="checkbox"/> No	Si así fue, ¿Cuándo ocurrió? (MM/DD/AA)	Fecha de cuando el médico lo atendió por primera vez? (MM/DD/AA)	
¿Fue usted hospitalizado(a)?** <input type="checkbox"/> Si <input type="checkbox"/> No	Si así fue, ¿cuando fue admitido(a)? (MM/DD/AA)	¿En que fecha fue dado de alta? (MM/DD/AA)	
Describir como, cuando y donde ocurrió el accidente: _____ _____			
Nombre y Dirección del Médico			
Lo ha atendido algún otro médico por este accidente? <input type="checkbox"/> Si <input type="checkbox"/> No	Cuando? (MM/DD/AA)		

****Si usted estuvo en el hospital, favor de adjuntar un estado de cuenta detallado.**

Yo autorizo a cualquier hospital, médico, u otra persona que me haya atendido o examinado, a revelar a mi asegurador o a su representante debidamente autorizado toda la información con respecto a cualquier enfermedad o herida, historial medica, consulta, receta o tratamiento que sea relacionado con mi persona, y proveer las copias de todos documentos médicos y de los hospitales. Yo comprendo que al ejecutar esta autorización renuncio al que esta información sea privilegiada. Una fotocopia de esta autorización debe ser considerada tan vigente y válida como el propio original.

Firma (Si el Asegurado Es Menor De Edad, Padre O Guardián Legal Debe Firmar)

Fecha

Envíe la Forma Completa a:
Claims Department
P.O. Box 925309
Houston, TX 77292-5309

Customer Service Department 1-800-669-9030
www.manhattanlife.com



ManhattanLife[™]

Claim Form Addendum: Fraud Warning and State Versions

Any person who knowingly, and with intent to injure, defraud, or deceive an insurance company, files a statement of claim containing any false, incomplete, or misleading information is guilty of insurance fraud, which is a felony.

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. **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. **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. **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. **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** 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. **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. **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. **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 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. **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 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. **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** 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. **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. **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. **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. **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 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.