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Fairlawn, Ohio 44333  
833-782-5090



**C&F SERVICES**  
EST. 1922  
A FAIRFAX COMPANY

**TO BE COMPLETED BY INSURED PERSON**

- 1 Insured Person: \_\_\_\_\_
- 2 Policy #: \_\_\_\_\_ Group #: \_\_\_\_\_
- 3 Local Address: \_\_\_\_\_
- 4 Home Address: \_\_\_\_\_
- 5 Date of Birth: \_\_\_\_\_ Local Phone: \_\_\_\_\_ Home Phone: \_\_\_\_\_
- 6 What type of Visa do you hold? \_\_\_\_\_
- 7 Patient Status:    Male        Female        Single        Married        Plan Member ID \_\_\_\_\_
- Is this claim for a dependent?        Yes        No        If yes, give name: \_\_\_\_\_
- Relationship: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

**COMPLETE THIS SECTION FOR ACCIDENT CLAIM**

- 8 Is this claim the result of an accident?        Yes        No        If yes, give date of accident: \_\_\_\_\_ Time of accident: \_\_\_\_\_
- 9 Is this claim the result of a work-related injury?        Yes        No
- Is this claim the result of an accident?        Yes        No
- Is this claim the result of sports participation?        Yes        No        If "yes"        intercollegiate        intermural        club        other
- 10 Where did the accident occur? \_\_\_\_\_
- How did the accident happen? \_\_\_\_\_

**COMPLETE THIS SECTION FOR SICKNESS CLAIM**

- 11 Name of physician: \_\_\_\_\_ Date of initial service: \_\_\_\_\_
- 12 Description of illness: \_\_\_\_\_
- 13 Has the patient been treated for the above condition(s) in the last 12 months?        Yes        No
- If "yes" give condition(s) treated for and date(s) of treatment: \_\_\_\_\_

**COMPLETE THIS SECTION FOR ALLCLAIMS (ACCIDENT OR SICKNESS)**

- 14 Is patient covered for benefits by any Group Health, Employer, Union, Welfare Plan or Parent Health Plan?        Yes        No
- Other coverage provided through: Name of Person \_\_\_\_\_ Relationship \_\_\_\_\_
- If answered "yes" please complete the following:
- Insurance Co. or Benefit Plan \_\_\_\_\_ Employer or Sponsor \_\_\_\_\_
- Address \_\_\_\_\_ Address \_\_\_\_\_
- Telephone \_\_\_\_\_ Telephone \_\_\_\_\_
- Policy # \_\_\_\_\_ Please include a photocopy of other plan identification card, if available

Signature of Insured Person \_\_\_\_\_ DATE \_\_\_\_\_

Patient's or Authorized Person's Signature \_\_\_\_\_ DATE \_\_\_\_\_

**COMPLETE THIS SECTION ONLY IF YOU WISHTHE BENEFITS TO GO DIRECTLY TO THE PROVIDER(S)**

Authorization to Pay Benefits: I hereby authorize payment directly to: any physician or provider of service for which I am submitting attached billings and charges. For the expenses provided under my Group Medical Expense Benefits, I understand I am financially responsible for charges not covered by this authorization

Signature \_\_\_\_\_

## **CLAIM FORM FRAUD STATEMENT - FOR RESIDENTS OF ALL STATES OTHER THAN THOSE LISTED BELOW:**

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.

**ALASKA and 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, incomplete or misleading information or conceals, for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime and may be prosecuted under state law.

**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.

**FLORIDA: WARNING:** 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.

**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.

**NEWHAMPSHIRE:** 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.

**NEWJERSEY:** Any person who knowingly files a statement of claim containing any false or misleading information is subject to criminal and civil penalties.

**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.

**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.

**TENNESSEE and 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.

**TEXAS:** Any person who knowingly presents a false or fraudulent claim for payment of a loss is guilty of a crime and may be subject to fines and confinement in state prison.