

# VB Hospital Indemnity and Supplemental Health Claim Form

Is the claim for the:  Policy Holder  Dependent

Policy Holder \_\_\_\_\_ Policy No. \_\_\_\_\_

Date of Birth \_\_\_/\_\_\_/\_\_\_ Mailing Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ ZIP Code \_\_\_\_\_

Phone No. (\_\_\_\_) \_\_\_\_\_ Please check if change of address

Claimant Name \_\_\_\_\_ Date of Birth \_\_\_/\_\_\_/\_\_\_

## Type of services for which the claim is being made:

Routine/Preventive Care  Illness or Non-routine care  Injury or Accident\*

\*If Injury or Accident please provide details below

Date of Accident \_\_\_/\_\_\_/\_\_\_ First date treated for injury \_\_\_/\_\_\_/\_\_\_

Please provide specific details of how your accident occurred.

Type of Injury: \_\_\_\_\_

\_\_\_\_\_

Where did the accident occur: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

How did the accident occur: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Did this accident occur at work?  Yes  No If yes, did you inform your employer?  Yes  No

Reported to:

Employer Name \_\_\_\_\_

Address \_\_\_\_\_ Phone No. (\_\_\_\_) \_\_\_\_\_

Have you or do you intend to file Workers' Compensation or Occupational Disease Law Claim?  Yes  No

Any Person, who with the intent to defraud or knowing that he/she is facilitating a fraud against an insurer, submits an Application or files a claim containing a false or deceptive statement may be subject to prosecution and punishment for insurance fraud. (See State Specific Fraud Warning Statements on page 5)

***The above statements are true to the best of my knowledge and belief.***

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
Signature of Policyholder Date

Mail to:  
ManhattanLife VB  
Claims  
PO Box 926169  
Houston, TX 77292

Customer Service: 1-855-448-6982  
Fax to: 1-502-405-7107  
Email to: [vbclaimssubmissions@manhattanlife.com](mailto:vbclaimssubmissions@manhattanlife.com)

# VBHospital Indemnity and Supplemental Health Claim Form

## Travel Expenses\*:

Please check the type of travel benefit you are claiming

for: Use of Personal Vehicle  Lodging

Please check who accompanied you for your accident treatment:

Attended Alone  Spouse or Friend  Child  Multiple Adults and Children

**\*Benefit may not be available for all plans. Please refer to your Policy Certificate for specific benefits**



- Any claims submitted for reimbursement must also include the itemized provider bills (UB04 and/or HCFA 1500) which include the date of service, diagnosis and procedure codes.



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# VB Hospital Indemnity and Supplemental Health Claim Form

*If the claim is being filed for services within the first two years following the policy effective date, complete the physician and medication information below:*

## Physician information:

List all physicians that treated the patient in the five years prior to the policy effective date:

Physician's Name	Address	Phone Number	Reason for Visit

## Medication information

List all medication being taken by the patient:

Medication	Prescribing Physician	Date Prescribed



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## State Specific Fraud Warning Statements

### ManhattanLife

Any Person who, with the intent to defraud or knowing that he/she is facilitating a fraud against an insurer, submits and Application or files a claim containing a false or deceptive statement may be subject to prosecution and punishment for insurance fraud. We may notify all state and federal law enforcement agencies of any suspected Fraud, as determined by Us. We reserve the right to recover any payments made by Us that were made to You and/or any party on Your behalf, based on fraudulent or misrepresented information.

**Alaska, Delaware, Idaho, Indiana, Maine, Minnesota, New Hampshire, New Mexico, Ohio, Oklahoma, Tennessee, Texas, Washington, West Virginia:** Any Person who, with the intent to defraud or knowingly submits an application or claim containing a false or fraudulent statement may be subject to prosecution and punishment for insurance fraud.

**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.

**Arkansas, Louisiana, 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.

**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 statement 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.

**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.

**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.

**Kentucky, 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.

**Kansas:** Any person who, knowingly and with intent to defraud, presents, causes to be presented or prepares with knowledge or belief that it will be presented to or by an insurer, purported insurer, broker or any agent thereof, any written, electronic, electronic impulse, facsimile, magnetic, oral, or telephonic communication or statement as part of, or in support of, an application for the issuance of, or the rating of an insurance policy for personal or commercial insurance, or a claim for payment or other benefit pursuant to an insurance policy for commercial or personal insurance which such person knows to contain materially false information concerning any fact material thereto; or conceals, for the purpose of misleading, information concerning any fact material thereto.

**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 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.

**Virginia:** Any person who, with the 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 may have violated the state law.