

# **VB Accident Claim Form**

Filing a claim for the:  Policy Holder  Dependent

Policy Holder's Name \_\_\_\_\_ Policy No. \_\_\_\_\_

Date of Birth \_\_\_\_\_ Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ ZIP Code \_\_\_\_\_ Phone No. ( ) \_\_\_\_\_

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**Claimant Name** \_\_\_\_\_ **Date of Birth** \_\_\_\_\_

Date of Accident \_\_\_\_\_ Time of Accident \_\_\_\_\_  AM  PM

First Date of Treatment for Injury \_\_\_\_\_

Did the accident occur at work?  No  Yes

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

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Please provide **specific** details on how the accident occurred to aid in the processing of the claims.

1. What was the injury caused by the accident? \_\_\_\_\_

2. Describe in detail how the accident occurred: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

3. Was this a motor vehicle accident?  No  Yes

**If yes, submit a copy of the police report**

4. Was the patient tested for alcohol and/or drugs?  No  Yes

**If yes, submit the blood alcohol report or drug screening**

5. Was the patient treated by a physician or in a hospital?  No  Yes

**If yes, submit the itemized hospital bill (UB04) or itemized physician bill (HCFA1500)**

6. Was death the result of this injury?  No  Yes

**If yes, submit the certified death certificate**

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 4)

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

\_\_\_\_\_  
Signature of Policy Holder

\_\_\_\_\_  
Date

## VB Accident Claim Form

Please review the information below to ensure complete and accurate documents are submitted along with the claim form. Review Policy Certificate for specific benefit eligibility.

1. If the patient was transported via **ambulance** (air or ground), submit the itemized ambulance bill.
2. If **Coma** or **Paralysis** were the result of the injury(ies), provide medical records and/or physician office notes.
3. If any of the following surgeries were performed as a result of the injury, submit a copy of the operative report:
  - **Ligament Repair**
  - **Knee Cartilage Repair**
  - **Tendon Repair**
  - **Exploratory Surgery**
  - **Eye Surgery**
  - **Open Reduction (Fractures or Dislocations)**
  - **Rotator Cuff Repair**
  - **Ruptured Disc Surgery**
4. If an **extraction** or **crown** was done to repair injured tooth/teeth as a result of the injury, provide an itemized statement from the dentist and/or oral surgeon that includes diagnosis and procedure codes.
5. If any of the following services were rendered as a result of the injury, submit an itemized statement from the treating physician (HCFA1500) or facility(UB04):
  - **Urgent Care Visit**
  - **Doctor's Office Visit**
  - **Chiropractic Care Visit**
  - **Physical Therapy Visit**
  - **Medical Appliance (to assist with mobility)**
  - **Concussion Treatment**
  - **Laceration Repair**
  - **Burn Treatment**
  - **Fracture and/or Dislocation**
  - **Prosthesis**
  - **Received Blood or Plasma**
6. If any of the following services were rendered as a result of the injury, submit the itemized Hospital statement (UB04):
  - **Inpatient Hospital Admission**
  - **Rehabilitation Unit Admission**
  - **Intensive Care Admission**
  - **Emergency Room Care**
7. If a **major diagnostic** exam (i.e. **CT Scan, MRI, EEG**) performed as a result of injury(ies), submit a copy of the exam report and itemized statement that includes diagnosis and procedure codes.
8. Did you suffer a **catastrophic injury** as a result of the accident?  No  Yes  
(See policy certificate for specific details)  
If yes, submit medical records from the treating physician and/or hospital
9. If filing for a dependent child, did the injury occur as a result of a **youth sporting event** or **organized practice**? (See policy certificate for eligibility)  No  Yes  
If yes, submit proof of registration in the sport league or have the Coach or League Official sign and date below.

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**Coach or League Official Signature**

**Date**

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**Coach or League Official phone number**

10. If you are filing for any of the below travel expenses, include receipts with the claim form. (See policy certificate for eligibility)
  - **Food**
  - **Lodging**
  - **Use of Personal Vehicle**
  - **Expenses for plane, train or bus transportation**



## 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.