First Continental Life & Accident Insurance Co.

How to file a Claim

Attached is a claim form for your insurance policy.
Please forward claims and questions to the following address:

Administrative Concepts, Inc.
P.O. Box 4000
Collegeville, PA 19426-9000
Fax: 610-293-9299 **www.acitpa.com**
Questions? Please call: 800-565-6053

Step 1: **Submit a completed Claim Form by mail or by facsimile.**

- Fully answer each item on page 1.
- Read the fraud warning statement on page 2 and sign the form where indicated on page 1.

Step 2: **Submit itemized medical bills for payment consideration to our office.**

Helpful information for submitting claims and expediting payment.

- A fully completed Claim Form is required for each accident/injury/illness. Claims submitted with incomplete information will not be paid pending receipt of the missing information.
- The acceptance of a claim form by an Insurance company is not an admission of coverage
- In order to ensure we receive complete claim information, we suggest providers submit standardized billing statements (called “UB-04” for hospital charges and/or a “CMS-1500” for Physician Charges).
- Submit a copy of the Explanation of Benefits (EOB) that you received from your major medical insurance associated with this claim.
- Proof of payment made with the medical bill (a copy of the check, a medical bill that indicates the claimant has made all or partial payment or zero balance information).

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Any person who knowingly presents a false or fraudulent claim for payment of 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.

-PLEASE PRINT ALL INFORMATION-

MUST BE COMPLETED AND SIGNED BY EMPLOYEE

Group Name: | Policy Number | Birth Date

Insured Member's Name
LAST NAME | FIRST NAME | MIDDLE INITIAL | MEMBER ID# | PHONE #

Patient Name
LAST NAME | FIRST NAME | MIDDLE INITIAL | BIRTH DATE | EMAIL

Home Address
NO. AND STREET | CITY OR TOWN | STATE | ZIP CODE + 4

COMPLETE THIS SECTION FOR ACCIDENT CLAIM

Exact Nature of Injury (Describe fully, including which part of body was injured.)

Describe How, When and Where Accident Occurred (Include Date and Time)

Is condition work related? ☐ Yes ☐ No

Is condition due to auto accident? ☐ Yes ☐ No

a. If yes Driver License #:

b. State:

c. What type of Vehicle:

Did you visit the Emergency Room? ☐ Yes ☐ No

Was Surgery Performed? ☐ Yes ☐ No

a. If yes Procedure Performed Description:

COMPLETE THIS SECTION FOR SICKNESS CLAIM

Date of Sickness

Date symptoms first noticed

What is the exact nature of the sickness

If condition is for Pregnancy, please provide:
Date of Last Menstural Period:
Physicians Name:
Physicians Contact Information:

Have you ever had the same or similar condition? ☐ Yes ☐ No

If yes, date of first treatment

Date of last treatment

Administrative Concepts, Inc. does not share private health information except as required or permitted by law.
We are committed to guarding the private information entrusted to us.

PAYMENT WILL BE MADE TO THE PROVIDERS OF SERVICE, UNLESS A PAID RECEIPT IS ATTACHED AT THE TIME OF SUBMISSION.

To any medical care provider, medical care facility, Insurer, government-sponsored health plan, or employer: I authorize the release of any medical information about me to Administrative Concepts, Inc. or the underwriting company. This applies to all information about the diagnosis, treatment, or prognosis of any illness or injury I now have or have had in the past. The Company will use this information to determine if my claim is eligible. Any information obtained will not be released by the Company except to my primary health insurance carrier (if any) or persons or organizations performing investigative or legal services for the Company in connection with my claim. A copy of this authorization shall be considered as effective and valid as the original and shall remain in effect for one year from the date of authorization. I certify that the information given by me in support of my claim is true and correct.

Patient's or Authorized Representative's Signature _____ **Date** _____

If Authorized Representative, Relationship to Patient _____

Important Notice

- In General, and specifically for residents of Arkansas, Illinois, Louisiana, Rhode Island and 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.
- For Residents of Alabama: 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 restitution fines and confinement in prison or any combination thereof.
- For residents of 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.
- For residents of the 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
- For residents of Florida: Any person who knowingly and with intent to injure, defraud, or deceive any insurer files a statement of claim or an application for insurance containing any false, incomplete, or misleading information is guilty of a felony of the third degree.
- For residents of Kentucky: Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance 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.
- For residents of Maine, Tennessee, Virginia and 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.
- For residents of Oregon: Any person who knowingly and 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 may be guilty of a crime and may be subject to fines and confinement in prison.
- For residents of 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.
- For residents of New Jersey: Any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties.
- For residents of 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.
- For residents of 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 factual 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.
- For residents of 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.
- For residents of 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.
- For residents of 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.