

**CLAIMANT'S STATEMENT FOR HOSPITAL/SURGICAL CLAIM
LIFE INSURANCE COMPANY OF ALABAMA**

P.O. BOX 349 GADSDEN, AL 35902 Email: Claims@licoa.com

Your claim is extremely important to us. This form is furnished to assist you in presenting a claim for benefits. Please answer **ALL** questions on the form, sign and date it. *Include a Pathologist's Report for Cancer claims.* Please remit the completed form along with an itemized statement of hospital expenses, surgeons and anesthesia charges. You should mail all claim information **DIRECTLY** to the above address.

Policyholder's Name _____ Policy No(s) _____

Address _____
Street City State Zip

Phone (____) _____ SS No. _____ Date of Birth _____

Check Here if New Address

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THIS CLAIM IS ON: Insured, Your Spouse, Your Child Male Female

If claim is on spouse or child, please complete the following:

Patient's Name: _____ Date of Birth _____

Relationship to Policyholder: _____ Social Security # _____

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What condition are you claiming? _____

Date doctor was first consulted for this condition _____

1st Doctor's Name _____

Address _____ Phone _____

2nd Doctor's Name _____

Address _____ Phone _____

If you were hospitalized: Date Admitted _____ Date Discharged _____

Name of Hospital _____ Phone _____

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IMPORTANT NOTICE: 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.

AUTHORIZATION TO RELEASE INFORMATION

I hereby authorize any licensed physician, medical practitioner, hospital, clinic or other medically related facility, insurance company, government organization, Social Security Administration, employer, other organization, institution or person that has any records or knowledge of me, my health (including any information relating to the use of drugs or alcohol, AIDS, or mental and physical history, condition, advice or treatment), earnings or other insurance benefits, including any accounting information to my patient's account, to release this information to the Life Insurance Company of Alabama or its duly authorized representatives. A photocopy of this authorization shall be as valid as the original. I agree that this Authorization shall be valid for three years from the date shown below.

Date _____ Policyholder's Signature _____

Date _____ Adult Patient's Signature _____
(If other than policyholder)

Claim Instructions: ***Hospital / Surgical Claim***

You are advised to make copies of all forms (very important).

Complete all areas of claim form and submit with itemized statement of expenses. Some medical facilities will refer to this form as a UB92 and a doctor's office will refer to it as HCFA form. It is important that these forms include diagnostic codes (ICD9) and procedure codes (CPT codes).

If you are faxing claim form and statements, please make sure that the documents will deliver a legible fax. Red ink, other lighter colored inks, and penciled text produce a poor unusable fax. Since the company can only use legible documents to process your claim, mailing claims is preferred.

Tip: Please do not try to decide what should or should not be submitted. This would only increase chances of not sending in something that should have been. I recommended submitting all documents related to the claim.

You are advised to get all documents sent directly to you and then to submit them to Life of Alabama. We cannot be responsible for documents that for one reason or another did not get to us. Occasionally when you receive third party information that the document was sent, it sometimes did not get to us. To avoid miscommunication and delays, please have all documents sent directly to you, and then you forward these to our office.

Some prefer to hold statements and submit all at one time, and some prefer to submit as they receive them. This is your decision. I personally prefer sending statements in as you receive them. However please remember claims that are over one year old cannot be processed.

Occasionally the insurance company will ask you for additional information. This could include a personal questionnaire about this particular condition, the attending physician statement, names of doctors that may have attended you in the past for this condition, patient accounting information, etc. The information requested is important and it should be returned as soon as possible.

Life Insurance Company of Alabama
Attn: Hospital Surgical Claim
P. O. Box 349
Gadsden, AL 35902

Fax: 1-256-549-0070
(claims department)

For questions call: 1-800-226-2371 ext. 230
Email: claims@licoa.com