

Claims Department: Executive Plaza IV, 11350 McCormick Rd., Suite 102, Hunt Valley, MD 21031

Phone No: 1-888-259-3236 | **Fax:** 443-279-2901

Email: claims@archinsurancesolutions.com

Part I - Participating Organization Statement

Policy Number		Organization Name		Event, Activity, or Sport	
Claimant's Name (Injured Person)			Social Security Number		
Phone Number (Include Area Code)		Date of Birth		Male <input type="checkbox"/>	Female <input type="checkbox"/>
Address of Injured Person _____					
Date and Time of Accident			Location of Accident		
The injured person was a: <input type="checkbox"/> Participant <input type="checkbox"/> Staff Member <input type="checkbox"/> Other					
Which Teeth were Involved in the Accident?					
Dental Claims _____					
Describe Condition of Injured Teeth Prior to Accident: <input type="checkbox"/> Whole, Sound, and Natural <input type="checkbox"/> Filled <input type="checkbox"/> Capped <input type="checkbox"/> Artificial					
Type of Injury (Indicate Part of Body Injured, e.g. broken arm, sprained ankle, etc.)				Did Injury Result in Death? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Describe How Accident Occurred - Provide All Possible Details _____					
Activity Where The Accident Occurred:					
<input type="checkbox"/> Day Camp		<input type="checkbox"/> Overnight Camp		<input type="checkbox"/> Tournament	
<input type="checkbox"/> League Game or Practice		<input type="checkbox"/> Other _____			
Did Accident Occur (Check Yes or No for Each of the Following):					
A. On activity premises?		<input type="checkbox"/> Yes		<input type="checkbox"/> No	
B. While traveling directly and uninterruptedly to or from the activity?		<input type="checkbox"/> Yes		<input type="checkbox"/> No	
C. During a participating organization practice?		<input type="checkbox"/> Yes		<input type="checkbox"/> No	
D. During a participating organization competition?		<input type="checkbox"/> Yes		<input type="checkbox"/> No	
Signature of Participating Organization Representative				Date	
Name and Title of Participating Organization Representative					



Participant Accident Claims

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Part II - Other Insurance Statement

Do you/spouse/parent have medical/health care or are you enrolled as an individual, employee or dependent member of a Health Maintenance Organization (HMO) or similar prepaid health care plan, or any other type of accident/health/sickness plan coverage through an employer, a parent's employer or other source?

Yes ☐ No ☐

If Yes, Name of Insurance Company

Policy Number

Mother's (Guardian's) primary employer name, address & telephone:

Father's (Guardian's) primary employer name, address & telephone:

Are you eligible to receive benefits under any governmental plan or program, including Medicare?

Yes ☐ No ☐

If Yes, please explain:

IF OTHER INSURANCE OR HEALTH CARE PLANS EXIST, PLEASE SUBMIT COPIES OF THEIR EXPLANATION OF BENEFITS ALONG WITH YOUR CLAIM.

Part III - Authorizations

I authorize medical payments to physician or supplier for services described on any attached statements enclosed. If not signed, please provide proof of payment.

Signature

Date

I authorize any physician, medical professional, hospital, covered entity as defined under HIPAA, insurer or other organization or person having any records, dates or information concerning the claimant to disclose when requested to do so, all information with respect to any injury, policy coverage, medical history, consultation, prescription or treatment, and copies of all hospital or medical records or all such records in their entirety to Arch Insurance Group or its designated administrator. A photo static copy of this authorization shall be considered as effective and valid as the original.

I agree that should it be determined at a later date there is other insurance (or similar), to reimburse Arch Insurance Group to the extent of any amount collectible.

I understand that any person who knowingly and with the intent to defraud or deceive any insurance company; files a claim containing any material by false, incomplete or misleading information may be subject to prosecution for insurance fraud.

Signature

Date

Attending Physician's Statement



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Section 1: To be completed by claimant/insured

About the Claimant

Name of Claimant/Insured			Policy Number	
Address (street, city, state, zip)				
Gender	Male <input type="checkbox"/>	Female <input type="checkbox"/>	Date of Birth	Trip Departure Date
			Policy Purchase Date	

About the Patient - Complete only if different from Insured

Name of Patient			
Was patient traveling with insured?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Relationship of Patient to Insured

Section 2: To be completed by physician

About the Diagnosis and Treatment

Diagnosis / ICD-9 Code (primary diagnosis)	
Diagnosis / ICD-9 Code (secondary diagnosis)	
Date symptoms first appeared	Date patient first consulted you for this condition
Has the patient ever had this condition before? Yes <input type="checkbox"/> No <input type="checkbox"/>	If yes, when?
Is this condition an exacerbation or a complication of an existing condition? Yes <input type="checkbox"/> No <input type="checkbox"/>	If yes, what was that condition?
If the patient was referred from another physician, name and phone number of that physician	
If the patient was referred to another physician, name and phone number of that physician	
Dates of medical visits as they relate to the condition causing the trip cancellation/interruption.	
Date of consultation	Describe Condition/Treatment
<hr/>	<hr/>
<hr/>	<hr/>
<hr/>	<hr/>
Has the patient been hospitalized for this condition or related conditions in the past 12 months? Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, date of admittance and date of discharge?	

About the Medical Condition as it relates to Travel

Was the Insured/Traveler unable to travel on the policy purchase date listed in Section 1 above?		Yes <input type="checkbox"/>	No <input type="checkbox"/>
If the patient was Traveler, did you advise patient to cancel or interrupt the trip due to the medical condition?		Yes <input type="checkbox"/>	No <input type="checkbox"/>
If yes, please explain:		If no, on what date was it reasonable for the patient/insured to cancel/interrupt their trip?	
Date you advised patient to cancel trip:			

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Section 2, continued: To be completed by physician

About the Medical Condition as it relates to Travel, continued

If the patient was non-traveler, did you advise the Traveler to cancel or interrupt the trip due to the non-traveler's medical condition? Yes <input type="checkbox"/> No <input type="checkbox"/>	
If yes, please explain:	If no, on what date was it reasonable for the patient/insured to cancel/interrupt their trip?
Date you advised Traveler to cancel trip:	
If the condition was related to pregnancy, when was the pregnancy first diagnosed?	If related to pregnancy, expected delivery date
Was the patient hospitalized while traveling? Yes <input type="checkbox"/> No <input type="checkbox"/>	Was this an emergency room admission? Yes <input type="checkbox"/> No <input type="checkbox"/>
Name & Location of Hospital	
Date Admitted	Date Discharged

Physician Information and Signature

Please note: All of the above requested information is necessary for the processing of the Claimant/Insured's claim. Any omitted items will delay processing.

Please attach copies of the patient's office records for the 6 months prior to the trip departure date.

Any person who knowingly and with intent to injure, defraud or deceive any insurance company, files a statement of claim containing any false, incomplete, or misleading information may be guilty of a criminal act punishable by law.

I have read the foregoing, and the above answers are true and complete according to the best of my knowledge and belief.

Physician's Signature		Date	
Physician's Name			
License Number		Specialty	
Phone Number		Fax Number	

State Notices

The laws of some states require us to furnish you with the following notices:

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.
Alaska	A person who knowingly and with intent to injure, defraud, or deceive an insurance company files a claim containing false, incomplete, or misleading information may be prosecuted under state law.
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.
Arkansas	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.
California	For your protection California law requires the following 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.
Delaware	Any person who knowingly, and with intent to injure, defraud or deceive any insurer, files a statement of claim containing any false, incomplete or misleading information is guilty of a felony.
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.
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.

Indiana	A person who knowingly and with intent to defraud an insurer files a statement of claim containing any false, incomplete, or misleading information commits a felony.
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 information or conceals, for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime.
Louisiana	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.
Maine	It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties may include imprisonment, fines or a denial of insurance benefits.
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.
Minnesota	A person who files a claim with intent to defraud or helps commit a fraud against an insurer is guilty of a crime.
New Hampshire	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.
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 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.
New York	<p>Auto claims: Any person who knowingly makes or knowingly assists, abets, solicits or conspires with another to make a false report of the theft, destruction, damage or conversion of any motor vehicle to a law enforcement agency, the department of motor vehicles or an insurance company, 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 value of the subject motor vehicle or stated claim for each violation.</p> <p>All others: 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 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.</p>

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.
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.
Oregon	Any person who knowingly and with intent to defraud or solicit another to defraud an insurer: (1) by submitting an application, or (2) by filing a claim containing a false statement as to any material fact thereto, may be committing a fraudulent insurance act, which may be a crime and may subject the person to criminal and civil penalties.
Pennsylvania	<p>Motor vehicles: Any person who knowingly and with intent to injure or defraud any insurer files an application or claim containing any false, incomplete or misleading information shall, upon conviction, be subject to imprisonment for up to seven years and payment of a fine of up to \$15,000.</p> <p>All others: 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.</p>
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.
Tennessee	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 the payment of a loss is guilty of a crime and may be subject to fines and confinement in state prison.
Utah	Workers' Compensation Claims Only: Any person who knowingly presents false or fraudulent underwriting information, files or causes to be filed a false or fraudulent claim for disability compensation or medical benefits, or submits a false or fraudulent report or billing for health care fees or other professional services is guilty of a crime and may be subject to fines and confinement in state prison.
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.
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.

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.

Puerto Rico Any person who knowingly and with the intention of defrauding presents false information in an insurance application, or presents, helps, or causes the presentation of a fraudulent claim for the payment of a loss or any other benefit, or presents more than one claim for the same damage or loss, shall incur a felony and, upon conviction, shall be sanctioned for each violation by a fine of not less than five thousand dollars (\$5,000) and not more than ten thousand dollars (\$10,000), or a fixed term of imprisonment for three (3) years, or both penalties. Should aggravating circumstances be present, the penalty thus established may be increased to a maximum of five (5) years, if extenuating circumstances are present, it may be reduced to a minimum of two (2) years.
