

Claims Department: Executive Plaza IV, 11350 McCormick Road, Suite 102, Hunt Valley, MD 21031
Phone No: 1-855-762-6252 | **Fax:** 443-279-2901
Email: claims@roamright.com

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

Medical Expense Claim Instructions

Your policy provides excess medical insurance coverage providing benefits in excess of the benefits provided under your primary medical insurance policy. A Medicare Supplement policy would be considered a primary insurance policy. As such, you must first file your claim with your primary medical insurance company. If you are not fully reimbursed by your primary insurance company, you may file a claim for the unpaid medical expenses as noted in these instructions.

Please complete and sign the Medical Expense claim form in full and return it with the documentation noted below.

For all claims, submit:

- Copies of your travel documents confirming your travel dates and itinerary.
- Proof of payment of your initial trip deposit.
- Copies of invoices or receipts for all claimed medical expenses. Invoices should show the date of service; the office or facility where the service was provided; the condition treated and the nature of the treatment received.
- Proof of payment of the claimed medical expenses – copies of both sides of checks, copies of credit card statements or receipts for cash payments;
- Proof of loss:
 - An attending Physician's Statement completed by the patient's primary treating physician;
 - Medical records or other documentation showing the nature of the condition and the treatment received;
 - Copies of Explanations of Benefits from your primary insurance company showing any claims paid or denied;

Your claim should be submitted to the address at the top of these instructions.

Claims Department: Executive Plaza IV, 11350 McCormick Road, Suite 102, Hunt Valley, MD 21031
Phone No: 1-855-762-6252 | **Fax:** 443-279-2901
Email: claims@roamright.com

Section 1 - Claiming Benefits

<i>To be Completed by Insured Claiming Benefits</i>			
Name of Claimant / Insured		Policy No.	
Address		Phone No. ()	
		Male <input type="checkbox"/> Female <input type="checkbox"/>	
Email Address		Date of Birth	
Traveling Companion(s)		Relationship	Trip Departure Date
			Trip Return Date
		Initial Trip Deposit Date	
		Date Incident Occurred	
Do you have other medical insurance that may provide coverage for this claim? Yes <input type="checkbox"/> No <input type="checkbox"/>			
If so, has a claim been submitted to the other company? Yes <input type="checkbox"/> No <input type="checkbox"/>			
Name address and phone number of the other insurance company			
Primary Insurance Carrier:		Policy No.	
Secondary Insurance Carrier:		Policy No.	
Date injury occurred or symptoms began		Date first treated for this illness or injury	
Explain when and where injury occurred or illness began		Describe nature and diagnosis of illness or injury	
Name, address and phone number of physician who first treated you for this condition			
If hospitalized, name and address of the hospital			
Was an accident or police report filed? Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, please provide a copy.			
Had you ever been treated for this condition before? Yes <input type="checkbox"/> No <input type="checkbox"/> If so, when?			
Name, address and phone number of physician who previously treated this condition:			

Claims Department: Executive Plaza IV, 11350 McCormick Road, Suite 102, Hunt Valley, MD 21031
Phone No: 1-855-762-6252 | **Fax:** 443-279-2901
Email: claims@roamright.com

Section 2 - Claimed Expenses

Please list all medical expenses incurred as a result of this sickness or injury. Enclose copies of medical bills, reports and explanations of benefits from your Primary and Supplemental insurance companies.

<i>Claimed Expenses</i>					
Name of Provider	Date of Service	Type of Service	Amount of Bill	Amount paid by other Insurance	Amount Claimed
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
		Totals	_____	_____	_____

Any person who knowingly and with intent to injure, defraud or deceive any insurance company, files a statement 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.

Signature of Claimant

Date

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

WARNING. Any person who knowingly:

Alaska: 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, Arkansas and Rhode Island: presents a false or fraudulent claim for payment of a loss or benefit is subject to criminal and civil penalties, or specific to AR and RI: 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 payment of a loss is guilty of a crime and may be subject to fines and confinement in state prison.

Delaware: and with intent to injure, defraud or deceive an insurer, files a statement of claim containing any false, incomplete or misleading information is guilty of a felony.

District of Columbia: 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: and with intent to injure, defraud, or deceive any insurer, files a statement of claim or application containing any false, incomplete, or misleading information is guilty of a felony of the third degree.

Idaho and Indiana: and with intent to defraud or deceive any insurance company, files a statement of claim containing any false, incomplete, or misleading information (for Idaho) is guilty of and (for Indiana) commits a felony.

Kentucky, New York and Pennsylvania: and with intent to defraud any insurance company or other person files an application for insurance, or files a statement of claim, containing any materially false information or conceals, for the purpose of misleading, information concerning any material fact thereto commits a fraudulent insurance act, which is a crime, specific to PA: subjects such person to criminal and civil penalties and specific to NY: 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.

Louisiana, New Mexico, Texas and West Virginia: presents a false or fraudulent claim for the payment of a loss (or specific to LA, TX and W VA: who knowingly presents false information on an application for insurance) is guilty of a crime and may be subject to fines and confinement in state prison, (or specific to NM: to civil fines and criminal penalties.)

Maryland: and willfully presents a false or fraudulent claim for payment of loss or benefit or who knowingly and 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: files a statement of claim containing any false or misleading information is subject to criminal and civil penalties.

Ohio: 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: 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: and with intent to defraud any insurance company or other person files an application for insurance or a statement of claim containing any materially false information or conceals for the purpose of misleading, information concerning any fact material hereto, may be subject to prosecution for insurance fraud.

Puerto Rico: 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 with the penalty of a fine of not less than five thousand (5,000) dollars and not more than ten thousand (10,000) dollars, or a fixed term of imprisonment for three (3) years, or both penalties. If aggravating circumstances are 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.

WARNING:

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.

Hawaii: Presenting a fraudulent claim for payment of a loss or benefit is a crime punishable by fines or imprisonment, or both.

Maine/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 may include imprisonment, fines or a denial of insurance benefits.

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.

Tennessee and Virginia: It is a crime to knowingly provide false, incomplete or misleading information to an insurer or insurance company for the purpose of defrauding the insurer or insurance company. Penalties include imprisonment, fines and denial of insurance benefits.

Authorization to Disclose Information

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 Arch insurance Company, or its authorized representative, Administrative Concepts Inc. 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.

To any insurance company, any travel organization or agency, airline carrier, cruise line, your operator, rental agency, hotel, motel, or similar entity providing lodging on a rental / lease basis or any other person who may have knowledge regarding this claim: I authorize the release any information requested regarding this claim and the loss reported.

The company will use this information to determine if any 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 investigation or legal services for the Company in connection with my claim. A copy of this authorization shall be considered as effect 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. I understand that any person who knowingly and with intent to defraud or deceive any insurance company files a claim containing any materially false, incomplete or misleading information may be subject to prosecution or insurance fraud.

Patient's or Authorized Representative's Signature

Date

If Authorized Representative, Relationship to Patient

or Legal Designation

