WELLFLEET

Student Insurance Claim Form

Upon completion, send this form to:

Wellfleet Group, LLC
PO Box 15369
Springfield, MA 01115-5369
Fax (413) 733 - 4612

School Name:			
Student Name:	Member ID Number:	Date of Birth:	
Student Address*	City	State	Zip
Email:	Telephone:		

***Note: All address changes must be done through your plan sponsor.**

Is this claim for your dependent? ☐ YES ☐ NO

Dependent's Name:_____ Date of Birth: _____

Do you, your dependents, or your parents have any other insurance or medical plan that covers this condition? ☐ YES ☐ NO

If yes, please enter the name of the insurance company: _____

1. For an Annual/Routine Examination: ☐ YES ☐ NO

2. For an Illness/Prescription:

Please describe symptoms: _____

Date of illness: _____

Date you first consulted a physician for this illness: _____

Have you ever sought treatment for this illness in the past: ☐ YES ☐ NO

If yes, please describe past treatment and dates: _____

_____

_____

3. For an Injury:

Please describe where and how injury occurred: _____

_____

_____

Date of injury: _____

Was the injury a result of an auto accident? ☐ YES ☐ NO

Were you injured while working on the job? ☐ YES ☐ NO

Were you injured during practice or play of an intercollegiate sport? ☐ YES ☐ NO

If yes, signature of athletic director: _____

Have you ever sought treatment for this injury in the past? ☐ YES ☐ NO

If yes, please describe past treatment and dates: _____

_____

Were you treated by Student Health Services and referred for this condition? ☐ YES ☐ NO

Seen by: _____

If not referred, why? _____

I authorize any physician, hospital, company, employer or organization to release the medical history, treatments or benefits payable for this claim to Wellfleet Group, LLC or its payor for which it is an authorized plan administrator. A photocopy of this form shall be just a valid as the original. I authorize Wellfleet Group, LLC or its representatives to pay all bills in conjunction with this claim directly to the physician, hospital or other health care provider rendering service.

I certify that I have read all answers to this form, and to the best of my knowledge the information I have given is complete and true. Any person who knowingly and with the 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 hereto, commits a fraudulent insurance act, which is a crime and shall be subject to a civil penalty (not to exceed five thousand dollars in New York) and the stated value of the claim for each violation.

_____ _____

Signature of Claimant Date

CLAIM FORM FRAUD STATEMENT - FOR RESIDENTS OF ALL STATES OTHER THAN THOSE LISTED BELOW:

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.

ALASKA and 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, incomplete or misleading information or conceals, for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime and may be prosecuted under state law.

CALIFORNIA: For your protection California law requires the following to appear on this form: 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.

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.

FLORIDA: WARNING: 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.

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 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.

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.

OKLAHOMA: 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.

TENNESSEE and 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.

TEXAS: Any person who knowingly presents a 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.