



Please complete this by typing or printing clearly in ink and return to:

Medical Expense Claim Form

On Call International Claims
11 Manor Parkway
Salem, NH 03079
Ph: 855-464-8976
ResortComClaims@oncallinternational.com

SECTION 1: INSURED AND TRAVEL INFORMATION

Name of Insured, Policy Number, Home Phone, Cell phone, Street Address, City, State, Zip Code, Travel Agency/Tour Operator/Cruise Line, Agent Name, Phone Number, Booking/Reservation #, Destination(s), Name(s) of all travelling companions, Scheduled Departure Date, City of Departure, Scheduled Return Date, Return Destination

SECTION 2: OTHER INSURANCE INFORMATION

Do you have any other health or medical insurance? Yes No If yes. Please complete the following: Name of Insurance Company, Policyholder Name / Relation, Policy No., Insurance Co. Phone #, Supplemental Insurance Company, Policyholder Name / Relation, Policy No., Insurance Co. Phone #

Has a claim been filed with your Insurance Company? Yes No If yes, please provide a copy of the company's corresponding Explanation of Benefits for any bills you are requesting benefits for. If no, please submit the bill to your Insurance Company and provide us with a copy of the company's corresponding Explanation of Benefits

SECTION 3: DETAILS OF SICKNESS / INJURY

Date Sickness or Injury began: Date of first treatment: Nature of sickness / details of accident:

Name, address and phone number of hospital/provider that treated Insured during trip:

NAME STREET CITY ST. ZIP PHONE (two rows)



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Delaware Drive
Salem, NH 03079
Ph: 855-464-8976
ResortComClaims@oncallinternational.com

Have you ever been treated for this condition previously? [] Yes [] No . Date(s) of treatment(s): _____

Name, address and phone number of treating physician(s) who have previously treated this condition:

NAME STREET CITY ST. ZIP PHONE

NAME STREET CITY ST. ZIP PHONE

SECTION 4: DESCRIPTION OF MEDICAL EXPENSES AND AMOUNT CLAIMED

Table with 5 columns: Name of Provider, Date Incurred, Amount of Bill, Amount Paid by Other Insurance, Amount Claimed

SECTION 5: NECESSARY DOCUMENTATION

PLEASE BE SURE TO INCLUDE THE FOLLOWING ITEMS WITH YOUR COMPLETED CLAIM FORM:

- 1. Verification of medical treatment, such as detailed medical statements from the treating physician indicating where and when the accident or sickness occurred...
2. Originals of all medical bills incurred while on the trip.
3. Explanation of Benefits showing balance due, if any, from primary/supplemental insurance.
4. Verification of your travel arrangements (i.e. copy of ticket, brochure, invoice, itinerary, etc.)

SECTION 6: COMMENTS

Use this space for any additional / clarifying information that may help us process your claim

Five horizontal lines for writing comments.

AUTHORIZATION: I hereby authorize Fairmont Specialty or its representative, to inspect or secure copies of case history records, laboratory reports, diagnosis, prognosis, x-rays, and any other data necessary to determine eligibility of benefits. I also authorize Fairmont Specialty or its representative to release and share claim information including that which may be used in the identification and prevention of potential fraudulent activity to any insurance support organization, fraud information clearinghouses, designated service providers and business associates assisting in the processing of this claim. A photostatic copy or facsimile of this authorization shall be deemed as effective and valid as the original. This authorization is valid for twelve (12) months from date of signature. I HAVE REVIEWED AND ACKNOWLEDGE THE ATTACHED FRAUD WARNING.

SIGNATURE OF INSURED _____ DATE _____

IMPORTANT NOTICE

Fraud Warning: Any person who, with the intent to defraud or knowingly facilitates a fraud against an insurer, submits an application of files a claim containing a false or deceptive statement, or conceals information for the purpose of misleading may be guilty of insurance fraud and subject to criminal and/or civil penalties.

Notice to Arizona Claimants: 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.

Notice to California Claimants: 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.

Notice to Colorado Claimants: It is unlawful to knowingly provide false, incomplete, or misleading 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 policy holder of claimant for the purpose of defrauding or attempting to defraud the policy holder or claimant with regard to a settlement or aware payable from insurance proceeds shall be reported to the Colorado Division of Insurance within the Department of Regulatory Agencies.

Notice to Hawaii Claimants: For your protection, Hawaii law requires you to be informed that presenting a fraudulent claim for payment of a loss or benefit is a crime punishable by fines or imprisonment, or both.

Notice to Idaho Claimants: Any person who knowingly and with intent to defraud or deceive any insurance company, files a statement or claim containing a false, incomplete, or misleading information is guilty of a felony.

Notice to Kentucky Claimants: 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.

Notice to Oklahoma Claimants: **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.

Notice to Pennsylvania Claimants: 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.

Notice to Texas Claimants: 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.