



# HOSPITAL CONFINEMENT PLAN

## INSTRUCTIONS FOR FILING CLAIMS

Please complete the following information related to your Hospital Confinement Plan (HCP) claim. This information is required in order to process your claim, without delay.

Insured's Name \_\_\_\_\_

Insured's Date of Birth \_\_\_\_\_

Insured's Social Security Number \_\_\_\_\_

Insured's Employer \_\_\_\_\_

Insured's Mailing Address \_\_\_\_\_

Street or P.O. Box

City State Zip Code

Patient's Name \_\_\_\_\_

Patient's Relation to Insured \_\_\_\_\_

Patient's Date of Birth \_\_\_\_\_

Patient's Social Security Number \_\_\_\_\_

Diagnosis (reason for hospital confinement) \_\_\_\_\_

**Enclose a copy of the hospital bill showing number of days in the hospital.**

Mail the above information to:

Claims Department  
US Able Life  
P.O. Box 1650  
Little Rock, AR 72203

If you have any questions about how to submit your claim, please call:  
(501) 375-7200 or 1-800-648-0271

## **FRAUD NOTICE**

For your protection, the laws of some states may require us to furnish you with the following notice:

Except as otherwise noted below, it is or may be a crime to knowingly provide false, incomplete, or misleading information to an insurance company for the purpose of defrauding the company or other person. Penalties may include imprisonment, fines, and denial of insurance benefits in accordance with applicable state law.

### **Arizona**

Any person who knowingly presents a false or fraudulent claim for payment of a loss is subject to criminal and civil penalties.

### **California**

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.

### **Florida**

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 is guilty of a felony of the third degree.

### **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.

Retain for your records.