

CLAIMS MAILING ADDRESS
ATTENTION: Health Special Risk, Inc.



1. PLEASE FULLY COMPLETE THIS FORM
2. ATTACH REQUIRED DOCUMENTATION
3. MAIL TO HSR

E-MAIL: StarrTravelClaims@hsri.com

HSR Plaza II
4100 Medical Parkway
Carrollton, Texas 75007
972-512-5600, Fax 972-512-5820
Toll Free: 866-345-0975

Policy Name:

Policy Number:

MEDICAL EXPENSE CLAIM FORM

TO BE COMPLETED BY INSURED:

Name of Insured: _____
Starr Policy #: _____ Date of Birth: _____ Social Security #: _____
Home Address: _____
Phone #: _____ Email Address: _____
Date of Initial Trip Deposit: ____/____/____ Scheduled Departure Date: ____/____/____ Scheduled Return Date: ____/____/____
Scheduled Departure Location: _____ Scheduled Return Location: _____
Name of Travel Companions (if any): _____ Minor(s)? _____
Name of Patient: _____ Relationship to Insured: _____

TO BE COMPLETED BY THE PATIENT:

Name of Patient: _____ Relationship to Insured: _____
Home Address of Patient: _____ Date of Birth: _____
Date Condition First Appeared: _____ Date First Consulted Physician for this Condition: _____
Please list all dates that you received treatment for this condition:

Location of Where Condition Occurred: _____
Give Nature of Sickness/ Injury (Diagnosis): _____
Fully Describe how Sickness/ Injury Occurred: _____

Was there Previous Treatment for this Condition prior to the purchase of this Policy? Yes No

If Yes, please list dates: _____

Name of Physician Who First Treated This Condition: _____

Physician Address: _____

Physician Specialty: _____ Phone #: _____ Fax #: _____

Name of Other Physician Who Has Treated This Condition: _____

Physician Address: _____

Physician Specialty: _____ Phone #: _____ Fax #: _____

Name of Patient's Primary Care Physician: _____

Primary Physician Address: _____

Primary Physician Phone #: _____ Fax #: _____

Name of Hospital (if hospitalized): _____

Date of Admit: ____/____/____ Date of Discharge: ____/____/____ Hospital Phone #: _____

What Country are the Medical Bills From? _____

If Injury was a result of an Accident, was a report filed? Yes No If Yes, provide a copy of the Report.

Do you or any Family Members have other Insurance Coverage (Medical, Indemnity, Liability) which may help cover Hospital and Medical Expenses? Yes No

If Yes, please provide the following:

Name of Company: _____ Policy/ Plan #: _____

Named Insured: _____ Relation to You: _____

Is this a Group Insurance? Yes No If Yes, provide Group #: _____

Have any Medical Expenses been submitted to the Insurance Company? Yes No

Has anything been paid by the Insurance Company? Yes No

CLAIMED EXPENSES:

Attach receipts for all items you are claiming

Physicians Visits \$ _____

ER or Hospital Visits \$ _____

Lab or XRay \$ _____

Medications \$ _____

Dental Expenses \$ _____

Other Medical Related Expenses \$ _____

Total Expenses \$ _____

Subtract Refund/ Reimbursements \$ _____

Total Claimed Amount \$ _____

Any person who knowingly and with intent to defraud any insurance company or other persons, for example by filing a statement of claim which contains any materially false, incomplete or misleading information, is committing a fraudulent insurance act, and is therefore subject to criminal prosecution and civil penalties.

I have read the foregoing and the answers provided are true and complete to the best of my knowledge.

Print Name of Patient

Signature of Patient

Date

By entering your name above, you are signing this claim form electronically. You agree your electronic signature is the legal equivalent of your manual/handwritten signature on this claim form.

PHYSICIAN STATEMENT FORM

TO BE COMPLETED BY PATIENT:

DATE: _____

Name of Patient: _____ Relationship to Insured: _____

Starr Policy #: _____ Date of Birth: _____ Social Security #: _____

Home Address: _____

Phone #: _____ Email Address: _____

TO BE COMPLETED BY ATTENDING PHYSICIAN:

Physician Name: _____

Physician Address: _____

Physician Tax ID#: _____ Phone #: _____ Fax #: _____

Did you perform a physical examination of the Patient? Yes No If Yes, When? _____

Did you advise the Patient to cancel or interrupt their trip? Yes No If Yes, When? _____

Please advise the diagnosis and reason why you advised the Patient to Cancel or Interrupt their trip:

Date symptom(s) first appeared: _____ Date Patient initially consulted for this condition: _____

Please list all dates that you provided treatment for this condition: _____

Have you ever treated the Patient for this condition before? Yes No If Yes, When? _____

Is the condition a complication of an underlying condition? Yes No

Do you know if the Patient has been treated by any other Physician or Specialist for this condition? Yes No

If Yes, provide the name and address of Physician or Specialist _____

Was the Patient referred to you by another Physician or Specialist? Yes No

If Yes, provide the name and address of Physician or Specialist: _____

ICD-10 Code: _____

Was the Patient ever hospitalized for this condition? Yes No

Name and Address of Hospital: _____

Date of Admit: _____ Date of Discharge: _____ Hospital Phone #: _____

Additional Comments: _____

FRAUD WARNING: ANY PERSON WHO KNOWINGLY AND WITH INTENT TO INJURE, DEFRAUD OR DECEIVE ANY INSURANCE COMPANY OR OTHER PERSON, WHO FILES A STATEMENT OF CLAIM CONTAINING ANY FALSE INFORMATION, OR CONCEALS FOR THE PURPOSE OF MISLEADING, INFORMATION CONCERNING ANY FACT MATERIAL THERTO, COMMITS A FRAUDULENT INSURANCE ACT, WHICH IS A CRIME AND SUBJECTS SUCH PERSON TO CRIMINAL AND CIVIL PENALTIES

I have read the foregoing and the above information is true and complete to the best of my knowledge.

Print Name of Physician

Signature of Physician

Date

HOW TO FILE A CLAIM

Listed below are important instructions and comments about filing a claim.

- Completed and signed Claim Form
- Completed and signed Physician Statement Form
- Copies of itemized medical bills incurred during the course of the trip – Balance Due statements are not excepted
- Proof of payment for medical bills or assignment of benefits to pay provider directly
- Receipts for any medical expenses incurred (physician visits, medications, etc.)
- Copy of Explanation of Benefits (EOB) from other insurance carrier (if applicable)
- Copy of report if injury occurred from an accident (police report, hospital report)
- Copy of Death Certificate (if applicable)

If you have any questions, please contact Customer Service at (866) 345-0975. They are available from 8:00 a.m. thru 6:00 p.m. Central time, Monday – Friday. You may also forward any documents by fax to (972) 512-5820, or by E-Mail to StarrTravelClaims@hsri.com.

Health Special Risk, Inc.
4100 Medical Parkway
Carrollton, TX 75007

FRAUD STATEMENTS

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.

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.

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, Louisiana, Maryland, West Virginia & Rhode Island: Warning: 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 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.

Connecticut: This form must be completed in its entirety. Any person who intentionally misrepresents or intentionally fails to disclose any material fact related to a claimed injury may be guilty of a felony.

Delaware, Idaho, Indiana: 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: 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.

Hawaii: 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.

Georgia: Any natural person who knowingly or willfully

1) Makes or aids in the making of any false or fraudulent statement or representation of any material fact or thing:

- a) In any written statement;
- b) In the filing of a claim; or
- c) In the receiving of money for an application for a policy of insurance for the purpose of procuring or attempting to procure the payment of any false or fraudulent claim or other benefit by an insurer;

2) Receives money for the purpose of purchasing insurance and converts such money to such persons own benefit;

3) Issues fake or counterfeit insurance policies, certificates of insurance, insurance identification cards, or insurance binders; or

4) Makes any false or fraudulent representation as to the death or disability of a policy or certificate holder in any written statement for the purpose of fraudulently obtaining money or benefit from an insurer commits the crime of insurance fraud.

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.

Michigan, North Dakota, South Dakota: Any person who knowingly and with intent to defraud any insurance company or another 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, and subjects the person to criminal and civil penalties.

Minnesota: A person who files a claim with intent to defraud or helps commit a fraud against an insurer is guilty of a crime.

Nevada: Any person who knowingly files a statement of claim containing any misrepresentation or any false, incomplete or misleading information may be guilty of a criminal act punishable under state or federal law, or both, and may be subject to civil penalties.

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 and 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.

New York: 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.

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: Warning: Any person who knowingly, and with intent to defraud any insurance company or other persons 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, may be subject to prosecution for insurance fraud.

Tennessee, Virginia, Washington: It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purposes 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.

