



NATIONAL FAMILY CARE LIFE INSURANCE COMPANY
P.O. BOX 809043 DALLAS, TEXAS 75380 (972) 387-8553

SAVE FORM TO COMPLETE

CLAIM FORM - HOSPITAL

SAVE FORM TO COMPLETE

Check Claim Type(s): [] Cancer [] Cancer-OP Heart [] Intensive Care Unit [] Emergency Rm [] Accident [] HIP Rider

(The furnishing of this blank form or the preparation of proofs is not an acknowledgement of liability or waiver of the Company's rights.)

1. IDENTIFICATION: a. Patient's Name, Date of Birth, b. Premium Payor, c. Address, d. Social Security No., Phone No.
2. SICKNESS DESCRIPTION: a. Name of Condition, b. Date of First Symptoms, c. Have you had this or similar Sickness before?
3. DOCTORS INFORMATION: a. Date Doctor first consulted, b. Names and Addresses of your Personal and Attending Physicians
4. HOSPITAL INFORMATION: LIST ALL HOSPITAL CONFINEMENTS FOR TREATMENT OF THIS CONDITION: Hospital Name, Address, Date Admitted, Date Released
5. TREATMENT INFORMATION: DESCRIBE WHAT KIND OF TREATMENT YOU HAVE RECEIVED (Medical and/or Surgical) with DATES:
6. COMMENTS: PLEASE SUPPLY ANY ADDITIONAL INFORMATION THAT WILL ASSIST US IN PROCESSING YOUR CLAIM:

IMPORTANT: Every question must be fully answered. Use a separate sheet of paper if additional space is needed. Send this form to NFCL as soon as possible.

Signed this day of , 20 Patient's Signature

(or Parent if under age 15)

Permanent mailing address of Premium Payor: (City) (ST) (Zip)

(Street) Business Phone: Area Code & Number Cell Phone: Area Code & Number Home Phone: Area Code & Number

V.A. Claim No.

Military Serial No.

Every Claim requires the completion of this CLAIM FORM and the attached Medical Release Authorization Form (for HIPAA Compliance). In addition, also supply the required information for each specific claim type noted below:

- CANCER claims, include the attached Attending Physician Form, a Pathology Report, and an Admission & Discharge Summary.
•CANCER-OP claims, include the attached Attending Physician Form, a Pathology Report, and Outpatient Billings (chemo/radiation).
•HEART ATTACK claims, include the attached Attending Physician Form, an Admission & Discharge Summary, and EKG/Cath Report.
•INTENSIVE CARE claims, include an Itemized Hospital Statement.
•ACCIDENT claims, include the attached Attending Physician Form, and an Admission & Discharge Summary.
•EMERGENCY ROOM claims, include an Emergency Room Billing (showing date(s) and treatment(s)).
•HIP RIDER claims, include Admission & Discharge Summary and Past Medical History. Cancer Heart Stroke Insurance

ATTENTION: This Claim Form is for you to complete. DO NOT leave it with your doctor or hospital. Answer all questions, sign and date, and return to us for processing!