KEMPER

Reserve National Insurance Company
601 East Britton Road
Oklahoma City, OK 73114
reservenational.com

STANDARD CLAIM FORM - ATTENDING PHYSICIAN'S REPORT

1. PATIENT'S NAME	2. ADDRESS	3. AGE

4. DIAGNOSIS (EXPLAIN COMPLICATIONS)

5. ADDITIONAL DIAGNOSES (CHRONIC DISEASE OR DEFECT FOUND DURING PRESENT TREATMENT)

6. DATE OF ONSET	7. DATE FIRST CONSULTED	8. DUE TO PREGNANCY	9. COMPENSATION CASE	10. WHEN, IN YOUR OPINION, DID PATIENT FIRST BECOME AWARE OF SOME SYMPTOM OF THIS CONDITION?
		☐ YES ☐ NO	☐ YES ☐ NO	

11. SURGICAL OR OBSTETRICAL PROCEDURES (DESCRIBE)

12. IF HOSPITALIZED, NAME AND ADDRESS OF HOSPITAL	13. DATE ADMITTED	14. DATE DISCHARGED

15. NAME AND ADDRESS OF OTHER PHYSICIANS WHO HAVE TREATED PATIENT FOR THIS ILLNESS OR INJURY

COMPLETE IF PATIENT HAS INDICATED LOSS OF TIME BENEFITS

16. TOTAL DISABILITY:
FROM _____ TO _____

17.PARTIAL DISABILITY:
FROM _____ TO _____

AUTHORIZATION TO PAY PHYSICIAN

I HEREBY AUTHORIZE PAYMENT DIRECTLY TO THE ATTENDING PHYSICIAN FOR THIS ILLNESS OR INJURY, OF THE PHYSICIAN'S OR SURGEON'S BENEFITS OTHERWISE PAYABLE TO ME, BUT NOT TO EXCEED MY INDEBTEDNESS TO SAID PHYSICIAN. I UNDERSTAND I AM FINANCIALLY RESPONSIBLE TO THE PHYSICIAN FOR CHARGES NOT COVERED BY THIS ASSIGNMENT.

DATE _____ SIGNED: _____
INSURED

18. **THE HOSPITAL** ☐ **IS** ☐ **IS NOT AUTHORIZED TO FURNISH, WITH THE INSURED'S CONSENT, ANY INFORMATION REGARDING THIS CLAIM REQUESTED BY THE _____ INSURANCE COMPANY.**

SIGNED _____ DATE _____
PHYSICIAN DEGREE

SOCIAL SECURITY NO.
OR EMPLOYER I.D. NO. _____ ADDRESS _____
STREET CITY AND STATE ZIP CODE

NOTE TO PHYSICIAN. PLEASE SUBMIT YOUR ITEMIZED STATEMENT FOR THIS CLAIM. OKLAHOMA PHYSICIANS MAY USE OSMA FORM 102.

INSURED'S STATEMENT

TO BE COMPLETED PERSONALLY BY THE INSURED

POLICY NO. _____ **YOUR DOCTOR OR HOSPITAL IS NOT RESPONSIBLE FOR COMPLETION** CLAIM NO. _____

NAME	AGE	ADDRESS

1. IF ACCIDENT: GIVE DATE	DESCRIBE HOW AND WHERE IT HAPPENED

2. IF SICKNESS: GIVE NATURE OF COMPLAINTS

3. DATE YOU FIRST NOTICED SYMPTOMS OR REALIZED YOU WERE GETTING SICK	4. DATE FIRST SAW A DOCTOR
5. HAVE YOU HAD SYMPTOMS OR TREATMENT FOR THIS SICKNESS BEFORE	6. WHEN?

7. MEDICAL TREATMENT RECEIVED DURING LAST TWO YEARS

(SICKNESS) (DOCTOR) (YEAR)

8. ARE YOU MAKING CLAIM FOR LOSS OF TIME? ☐ YES ☐ NO

IF "YES"; DATE FIRST STOPPED WORK: FIRST DATE RETURNED TO WORK:

AUTHORIZATION

I HEREBY AUTHORIZE ANY HOSPITAL, PHYSICIAN OR OTHER PROVIDER, INSURER OR OTHER THIRD-PARTY PAYER OR THE MEDICAL INFORMATION BUREAU TO FURNISH TO RESERVE NATIONAL INSURANCE COMPANY, OKLAHOMA CITY, OKLAHOMA, OR ITS REPRESENTATIVE, OR PERMIT SAID INSURANCE COMPANY, OR ITS REPRESENTATIVE, TO REVIEW ANY INFORMATION REQUESTED WITH RESPECT TO ANY ILLNESS OR ACCIDENT, MEDICAL HISTORY OR COPIES OF HOSPITAL AND MEDICAL RECORDS. **THE INFORMATION AUTHORIZED FOR RELEASE MAY INCLUDE INFORMATION ABOUT COMMUNICABLE OR VENEREAL DISEASES WHICH MAY INCLUDE, BUT ARE NOT LIMITED TO, DISEASES SUCH AS HEPATITIS, SYPHILIS, GONORRHEA AND THE HUMAN IMMUNODEFICIENCY VIRUS, ALSO KNOWN AS ACQUIRED IMMUNE DEFICIENCY SYNDROME (AIDS).** A PHOTOSTATIC COPY OF THIS AUTHORIZATION SHALL BE CONSIDERED AS VALID AS THE ORIGINAL. I DECLARE THE ABOVE ANSWERS AND STATEMENTS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE AND BELIEF.

DATE _____ **SIGNED:** _____
INSURED

FORM CLO18R

Notice to Arkansas Residents
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.

Notice to Colorado Residents
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. 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.

Notice to Kentucky Residents
WARNING: Any person who knowingly and with intent to defraud any insurance company or other 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.

Notice to Louisiana Residents
NOTICE: 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.

Notice to Maryland Residents
NOTICE: 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.

Notice to New Mexico Residents
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 civil fines and criminal penalties.

Notice to Oklahoma Residents
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 Residents
NOTICE: 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 Residents
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.