

# ATTENDING PHYSICIAN'S STATEMENT OF HOSPITAL CONFINEMENT INDEMNITY

ReliaStar Life Insurance Company, Minneapolis, MN  
A member of the Voya® family of companies  
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Submit at [voya.com/claims](http://voya.com/claims) (select Upload Documents)

Phone: 877-236-7564; **Voya Claims:** PO Box 320, Minneapolis, MN 55440

Overnight Address: 250 Marquette Ave., Suite 900, Minneapolis, MN 55401

**Note: The patient is responsible for the completion of this form without expense to the insurance company.**

## CLAIM CHECKLIST

- SIGN and DATE this completed form, then submit using one of the above methods.
- The Employee / Insured must complete Sections 1 and 2.
- The Attending Physician must complete Sections 3 - 8.

## SECTION 1. GROUP INFORMATION *(This information can be obtained from the Employer.)*

Group Name \_\_\_\_\_

Group Policy Number \_\_\_\_\_

Claim Number *(if available)* \_\_\_\_\_

## SECTION 2. EMPLOYEE / INSURED INFORMATION

Select, if applicable.:  International / Foreign Address

Patient Name *(First)* \_\_\_\_\_ *(Middle Initial)* \_\_\_\_\_ *(Last)* \_\_\_\_\_

Patient Birth Date \_\_\_\_\_ Patient Phone (\_\_\_\_\_) \_\_\_\_\_ International Phone \_\_\_\_\_

Employee Name *(First)* \_\_\_\_\_ *(Middle Initial)* \_\_\_\_\_ *(Last)* \_\_\_\_\_

Address \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ Province / State \_\_\_\_\_ ZIP \_\_\_\_\_

Country \_\_\_\_\_

## SECTION 3. PRESENT CONDITION

Diagnosis \_\_\_\_\_

Subjective Symptoms \_\_\_\_\_

Objective Findings *(Include results of current X-rays, EKGs, laboratory data and any clinical findings.)* \_\_\_\_\_

## SECTION 4. HISTORY

When did the current symptoms first appear? \_\_\_\_\_ Confirmed Diagnosis Date \_\_\_\_\_

Has the patient ever had the same or a similar condition? *(If "yes," provide date and description below.)*  Yes  No

## SECTION 5. TREATMENT DETAILS

Hospital Admission Date \_\_\_\_\_ Hospital Discharge Date \_\_\_\_\_ Date You Last Examined the Patient \_\_\_\_\_

Intensive Care Unit (Critical Care Unit) Admission Date \_\_\_\_\_ Intensive Care Unit (Critical Care Unit) Discharge Date \_\_\_\_\_

Inpatient Rehabilitation Facility Admission Date \_\_\_\_\_ Rehabilitation Facility Discharge Date \_\_\_\_\_

Observation Unit Admission Date \_\_\_\_\_ Number of Hours in Observation Unit \_\_\_\_\_

Number of Days in Standard Hospital Bed \_\_\_\_\_ Number of Days in ICU (CCU) Facility \_\_\_\_\_

Number of Days in ICU (CCU) Step Down Facility \_\_\_\_\_ Number of Days in Rehabilitation Facility \_\_\_\_\_

Group Policy Number \_\_\_\_\_

Patient Name (First) \_\_\_\_\_ (Middle Initial) \_\_\_\_\_ (Last) \_\_\_\_\_

**SECTION 6. ACCIDENT INFORMATION** (Include any supporting documentation or operative reports.)

Accident Date \_\_\_\_\_ Initial Treatment Date \_\_\_\_\_

Nature of Accident \_\_\_\_\_

**SECTION 7. CRITICAL ILLNESS / SPECIFIED DISEASE INFORMATION** (Include any supporting documentation, operative reports or test results.)

Applicable Critical Illness / Specified Disease:

Cancer

Carcinoma in Situ

Coma

Coronary Artery Bypass

End Stage Renal Failure

Heart Attack

Major Organ Failure

Permanent Paralysis

Stroke

**SECTION 8. PHYSICIAN INFORMATION AND SIGNATURE**

Attending Physician Name \_\_\_\_\_ Degree \_\_\_\_\_

TIN \_\_\_\_\_ Phone (\_\_\_\_\_) \_\_\_\_\_ Fax (\_\_\_\_\_) \_\_\_\_\_

Email \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_

 Attending Physician Signature \_\_\_\_\_ Date \_\_\_\_\_

**FRAUD WARNINGS**

**Alabama, Alaska, Arkansas, Delaware, Idaho, Indiana, Louisiana, Maine, Minnesota, Ohio, Oklahoma, Rhode Island, Tennessee, Texas, Washington, West Virginia:** Any person who, knowingly 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, and may subject such person to criminal and civil penalties, and denial of insurance benefits.

**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.

**California:** For your protection, California law requires the following to appear on this form. Any person who knowingly presents false or fraudulent information to obtain or amend insurance coverage or to make a 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.

**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:** 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.

**Kentucky:** 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.

**Maryland:** 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.

**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:** 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.

**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.

**Puerto Rico:** Any person who, knowingly and with the intent to defraud, presents false information in an insurance request form, or who presents, helps or has presented a fraudulent claim for the payment of a loss or other benefit, or presents more than one claim for the same damage or loss, will incur a felony, and upon conviction will be penalized for each violation with a fine no less than five thousand (5,000) dollars nor more than ten thousand (10,000) dollars, or imprisonment for a fixed term of three (3) years, or both penalties. If aggravated circumstances prevail, the fixed established imprisonment may be increased to a maximum of five (5) years; if attenuating circumstances prevail, it may be reduced to a minimum of two (2) years.