



Helpful Hints

FIRST OCCURRENCE PROCESSING FORM

This form is used for benefits identified in your policy as First Occurrence, Express Payment or Instant Cash.

Failure to complete the required sections may result in a delay in processing this claim.

We value you as a policyowner and want to make the process of filing a claim as fast and as simple for you as possible. To assist you with the process, we are providing these instructions:

HOW TO COMPLETE THE CLAIM FORM

- ✓ Obtain your **policy number** and **company name** from the cover letter that accompanied this form.
- ✓ **Section A: Policy/Certificate Owner – Patient Information** – Complete this section and be sure to sign.
- ✓ **Section B: Attending Physician’s Statement** –Have your doctor complete this section.
- ✓ **Complete and return the enclosed HIPAA Privacy Authorization.** Retain copies for your own records.

SUPPORTING DOCUMENTATION

Failure to submit required documentation may result in delay in processing this claim.

- ✓ Submit copy of pathology report(s) showing the diagnosis of internal cancer.
- ✓ If pathology report(s) are not available, due to health concerns, a clinical diagnosis may be acceptable. This could include a letter from your physician with supporting medical documentation, such as a CT scan or x-ray.
- ✓ Be sure to include your policy number(s) on all documents.

WHERE TO SUBMIT CLAIMS

Mail all First Occurrence Processing Forms and Supporting Documentation to:

Claim Processing
PO Box 2024
Carmel IN 46082-2024

Phone calls can be directed to (800) 541-2254.

Fax: (317) 208-8656

COMMON REASONS WHY CLAIMS ARE DELAYED

1. Proper supporting documentation not submitted with original claim form.
2. Policy numbers not included on claim form and/or supporting documentation.



FIRST OCCURRENCE PROCESSING FORM

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Servicing is provided for the following companies:

Conseco Insurance Company Conseco Health Insurance Company

As described in your certificate/policy, the First Occurrence/Express Payment/Instant Cash Benefit is payable when you are diagnosed for the first time as having any **internal cancer**.

To receive prompt processing of the First Occurrence/Express Payment/Instant Cash Benefit, please complete Section A of this form, have the physician complete Section B, and send it **along with a copy of your Pathology Report showing the diagnosis of your internal cancer**, to the address shown at the bottom of this form.

SECTION A: POLICY/CERTIFICATE OWNER – PATIENT INFORMATION

POLICY/CERTIFICATE OWNER INFORMATION

POLICY NUMBER

LAST NAME

FIRST NAME

MIDDLE INITIAL

SOCIAL SECURITY NUMBER (optional)

BIRTH DATE

PHONE NUMBER

____/____/____

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ADDRESS

Check box if this is a new permanent address

CITY

STATE

ZIP

PATIENT INFORMATION

LAST NAME

FIRST NAME

MIDDLE INITIAL

RELATIONSHIP: SELF SPOUSE CHILD
 STEP-CHILD COMMON-LAW SPOUSE

BIRTH DATE

PHONE NUMBER

____/____/____

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If claim is on a dependent child over age 19 or 21 (depending on limiting age as described in your policy), is the child:

A: a full-time student? yes no

C: mentally handicapped? yes no

If answer to A, B, C or D is yes, complete documentation concerning the situation must be submitted with this claim form to establish a valid claim.

B: physically handicapped? yes no

D: married? yes no

I first consulted a physician for this illness on ____/____/____; and, was never treated for or diagnosed as having any internal cancer before the date indicated or within 10 years prior to the date indicated.

List all treating physicians (Primary Care Physician, Family Physician, etc.) for the past two (2) years. Attach additional information, if necessary.

PHYSICIAN'S NAME

PHONE NUMBER

FAX NUMBER

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ADDRESS

CITY

STATE

ZIP

Claimant Signature (or Authorized Representative) _____

Date _____

Signed (Patient or parent if child) or Executor (or sign as Surviving Spouse) _____

Date _____

SECTION B: ATTENDING PHYSICIAN'S STATEMENT

PHYSICIAN'S NAME

PHONE NUMBER

FAX NUMBER

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ADDRESS

CITY

STATE

ZIP

I have reviewed the medical history of the patient named above. This person:

- Has been my patient since (month/day/year) ____/____/____
- Was first diagnosed as having internal cancer on ____/____/____; and
- Was treated for or diagnosed as having any internal cancer before the date of diagnosis indicated above. Yes, give date of last treatment or diagnosis ____/____/____ or No

PHYSICIAN SIGNATURE

DATE

TAX ID NUMBER

FRAUD WARNINGS

February 28, 2006

AK / DE residents: A person who knowingly and with intent to injure, defraud, or deceive an insurance company files a claim containing false, incomplete, or misleading information may be prosecuted under state law.

AZ residents: 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.

AR 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.

CA residents: For your protection California law requires the following to appear on this form. 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.

CO 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. 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.

DC residents: 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, the insurer may deny insurance benefits if false information materially related to a claim was provided by the applicant.

FL residents: Any person who knowingly and with intent to injure, defraud, or deceive any insurer files a statement of claim or an application containing false, incomplete, or misleading information is guilty of a felony of the third degree.

ID residents: Any person who knowingly and with intent to defraud or deceive an insurer files a statement of claim containing any false, incomplete, or misleading information is guilty of a felony.

IN: A person who knowingly and with intent to defraud an insurer files a statement of claim containing false, incomplete, or misleading information commits a felony.

KY: 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.

LA 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.

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

NM 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.

ME / TN / VA residents: 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.

NH residents: Any person who, with the 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.

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NJ residents: Any person who knowingly files a statement of claim containing any false or misleading information is subject to criminal and civil penalties.

NY residents: 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 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.

OH /OR residents: 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.

OK 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.

PA residents: 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.

PR residents: 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 of no less than five thousand (5,000) dollars no 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.

All other states residents: Any person who knowingly and with intent to defraud any insurance company that submits an application for insurance or statement of claim containing any materially false information, or conceals information concerning any fact material thereto for the purpose of misleading, may be committing a crime which is subject to criminal and civil penalties.