



- 1. PLEASE FULLY COMPLETE THIS FORM
- 2. ATTACH ITEMIZED BILLS
- 3. MAIL TO HSR

4100 Medical Parkway  
 Carrollton, TX 75007  
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 Toll Free (866) 345-0974

E-mail: [StarrClaims@hsri.com](mailto:StarrClaims@hsri.com)

**FOR HSR USE ONLY:** Claim Company # \_\_\_\_\_ Plan # \_\_\_\_\_ Location # \_\_\_\_\_

**ACCIDENT AND SICKNESS CLAIM FORM/ GLOBAL**

1. Coverage Effective Date: \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_ Coverage Termination Date: \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_
2. Name of Insured: \_\_\_\_\_ Date of Birth: \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_ Gender M  F
3. Name of Claimant/Dependent: \_\_\_\_\_ Date of Birth: \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_ Gender M  F
4. Is this a claim for a dependent? Yes  No  Relationship: \_\_\_\_\_
5. Current Residence Address: \_\_\_\_\_
6. Best Contact Phone Number: (\_\_\_\_) \_\_\_\_\_ E-Mail Address: \_\_\_\_\_
7. Permanent Address (In Home Country): \_\_\_\_\_
8. Date of Arrival in U.S.: \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_ Date Scheduled to Return to Home Country \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_
9. Is this claim the result of an accident? Yes  No  If yes, give date of accident \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_
10. Where did the accident occur? \_\_\_\_\_
11. How did the accident happen? \_\_\_\_\_
12. Description of illness or injury: \_\_\_\_\_
13. What was the date symptoms began: \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_
14. Have you ever been treated for this illness before? Yes  No
15. If yes, provide name and address of treating physician(s) and date(s) first consulted: \_\_\_\_\_  
 \_\_\_\_\_
16. Provide Name and Address of your regular physician in your Home Country: \_\_\_\_\_  
 \_\_\_\_\_
17. Please advise names of any prescription medications you are presently taking: \_\_\_\_\_
18. Is patient covered for benefits (other than this policy) by any of the following:  
 Yes  No  Group Health Benefits of any kind through an employer, spouse's employer, or parent's employer  
 Yes  No  Coverage of medical care expenses provided through any Federal, State, Provincial, or other Government Agency
19. If any of the above apply, please complete the following:  
 Through whom is your coverage provided? (i.e. parent, spouse, etc.) \_\_\_\_\_  

	Name	Relationship
Insurance Co. or Benefit Plan _____	Sponsor or Employer _____	
Insurance Co. Address _____	Sponsor Address _____	
Telephone (____) _____	Plan/Group Number _____	Sponsor Telephone (____) _____
20. I hereby authorize any Insurance Company, Organization, Employer, Hospital, Physician, Surgeon, or Pharmacist to release any information requested with respect to this claim.  
 Date \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_ Signature of Patient \_\_\_\_\_

**I know it is a crime to fill out this form with facts I know are false or leave out facts I know are important. I certify that the information furnished by me in support of this claim is true and correct. I further acknowledge that I am legally obligated to pay for all medical expenses submitted for this claim in the absence of this health insurance plan.**

Date \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_ Signature of Student \_\_\_\_\_

Date \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_ Signature of Patient \_\_\_\_\_

**COMPLETE THIS SECTION ONLY IF YOU WISH THE BENEFITS TO GO DIRECTLY TO THE PROVIDER(S)**

Authorization to Pay Benefits: I hereby authorize payment directly to any provider of service for which I am submitting attached billings and charges. For the expenses provided under my Group Medical Expense Benefits, I understand I am financially responsible for charges not covered by this authorization.

Date \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_ Signature \_\_\_\_\_

## FRAUD STATEMENTS

**General:** 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.

**Alaska:** 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.

**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:** 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 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:** 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.

**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 information or conceals, for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime.

**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 section 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.

**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:** Any person who makes an intentional misstatement that is material to the risk may be found guilty of insurance fraud by a court of law.

**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.

**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.