



**BMI Benefits, LLC.**  
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## Formulario De Reclamo De Accidente Estudiantil

Porfavor de completar este formulario en su totalidad y presente los beneficios de BMI dentro de los 90 días a partir de la fecha del accidente. Por favor, guarde una copia para sus archivos. Comuníquese con los proveedores médicos donde se recibió el tratamiento, envíe la información de facturación de BMI como su seguro secundario y solicite que BMI se facture directamente. También puede obtener de los proveedores médicos **todas las facturas detalladas y la explicación de beneficios del seguro primario (EOB)**. Las facturas detalladas se consideran Formularios **HCFA CMS 1500** (consultorio médico) o Formularios **UB-04** (hospitales), **sin saldos vencidos**. Por favor consulte el documento de instrucciones de reclamaciones adjunto para obtener información adicional.

PARTE 1A: TITULAR DE LA PÓLIZA				
Escuela/Organización/Nombre del titular de la póliza		Ubicación/Nombre De La Escuela Individual		Póliza #
Dirección Postal De La Escuela/Organización/Titular De La Póliza (Calle, Ciudad, Estado, Código Postal)				
El Nombre Del Estudiante			Fecha De Nacimiento	Masculino <input type="checkbox"/> Femenino <input type="checkbox"/>
Fecha De Accidente	Tiempo/Hora	Nombre De La Actividad o Tipo De Deporte	Parte Del Cuerpo Lesionada	<input type="checkbox"/> Izquierda o <input type="checkbox"/> Parte Derecha Del Cuerpo
En el momento del accidente, Estuvo el alumno involucrado en una actividad patrocinada y supervisada por el titular de la póliza?				SI <input type="checkbox"/> NO <input type="checkbox"/>
En el momento del accidente, viajaba el estudiante hacia o desde una actividad escolar programada regularmente?				SI <input type="checkbox"/> NO <input type="checkbox"/>
Cómo ocurrió la lesión?				
Nombre Del Funcionario Escolar:			Fue él/ella un testigo del accidente?	SI <input type="checkbox"/> NO <input type="checkbox"/>
Firma del supervisor/Oficial		Título	Fecha	
<b>NOTA: La parte 1A debe estar firmada por un funcionario del titular de la póliza o la reclamación no puede ser procesada</b>				
INFORMACIÓN DEL SEGURO				
Número De Seguro Social Del Estudiante (SSN debe ser provisto según lo requiera el Centro de Servicios de Medicare)				
Dirección De La Casa De El Estudiante (Calle, Ciudad, Estado, Código Postal)				
El Está Estudiante cubierto por cualquier otra póliza de seguro, ya sea como dependiente, o bajo un grupo, individuo, automóvil, médico o pasivo?				
Política? <b>SI</b> <input type="checkbox"/> <b>NO</b> <input type="checkbox"/> En caso afirmativo, nombre de la Póliza de Seguros: _____ Número De Póliza: _____				
El seguro anterior es un Plan de Medicaid o un Seguro Militar como Tricare? <b>SI</b> <input type="checkbox"/> <b>NO</b> <input type="checkbox"/>				
INFORMACIÓN DE PADRES / TUTORES				
Nombre De Madre/Tutor/Guardian			Nombre De Padre/Tutor/Guardian	
Teléfono	Correo Electrónico		Teléfono	Correo Electrónico
El Padre/Tutor/Guardian Está Empleado?	SI <input type="checkbox"/> NO <input type="checkbox"/>		El Padre/Tutor/Guardian Está Empleado?	SI <input type="checkbox"/> NO <input type="checkbox"/>
Empleador			Empleador	
<b>AUTORIZACIÓN DE INFORMACIÓN MÉDICA Y ASIGNACIÓN DE BENEFICIOS:</b> Autorizo a cualquier proveedor de atención médica, centro médico, médico, compañía de seguros u organización a que lo proporcionen a solicitud de BMI Benefits, LLC. O las compañías aseguradoras con las que trabaja, la información que usted puede tener, incluidos los hallazgos y los tratamientos prestados, y copias de todos los registros hospitalarios y médicos de servicios profesionales y atención hospitalaria prestados en mi nombre. La autorización anterior se otorga en el entendimiento de que cualquier derecho legal que pueda tener para reclamar comunicaciones entre nosotros como privilegios se renuncia expresamente y voluntariamente. Un fotostático de esta autorización se considerará válido y efectivo como el original. Los pagos se realizarán a los proveedores del servicio, a menos que un recibo / estado de cuenta pagado acompañe el envío del reclamo médico. Toda persona que intencionalmente y con la intención de defraudar a cualquier compañía de seguros u otra persona presente una declaración de reclamo que contenga información materialmente falsa u oculte con fines de información engañosa sobre cualquier material factual de la misma, comete un acto de seguro fraudulento, que es delito, y también estará sujeto a una multa civil que no exceda los cinco mil dólares y el valor declarado del reclamo por cada violación.				
Firma Del Reclamante o De La Persona Autorizada			Fecha	

**CLAIM FORM FRAUD NOTICE**

Arkansas	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.
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.
Kansas	A "fraudulent insurance act" means an act committed by any person who, knowingly and with intent to defraud, presents, causes to be presented or prepares with knowledge or belief that it will be presented to or by an insurer, purported insurer, broker or any agent thereof, any written, electronic, electronic impulse, facsimile, magnetic, oral, or telephonic communication or statement as part of, or in support of, an application for the issuance of, or the rating of an insurance policy for personal or commercial insurance, or a claim for payment or other benefit pursuant to an insurance policy for commercial or personal insurance which such person knows to contain materially false information concerning any fact material thereto; or conceals, for the purpose of misleading, information concerning any fact material thereto.
Kentucky	Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance 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.
Louisiana	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.
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 denial of insurance benefits.
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 Jersey	Any person who includes any false or misleading information on an application for an insurance policy 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	General: All applications for commercial insurance, other than automobile insurance: 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.  All applications for automobile insurance and all claim forms: Any person who knowingly makes or knowingly assists, abets, solicits or conspires with another to make a false report of the theft, destruction, damage or conversion of any motor vehicle to a law enforcement agency, the department of motor vehicles or an insurance company, 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 value of the subject motor vehicle or stated claim for each violation.  Fire: Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance containing any false information, or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime.  The proposed insured affirms that the foregoing information is true and agrees that these applications shall constitute a part of any policy issued whether attached or not and that any willful concealment or misrepresentation of a material fact or circumstances shall be grounds to rescind the insurance policy.
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.
Pennsylvania	All Commercial Insurance, Except As Provided for Automobile Insurance: 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

	<p>crime and subjects such person to criminal and civil penalties.</p> <p>Automobile Insurance: Any person who knowingly and with intent to injure or defraud any insurer files an application or claim containing any false, incomplete or misleading information shall, upon conviction, be subject to imprisonment for up to seven years and the payment of a fine of up to \$15,000.</p>
Puerto Rico	Any person who knowingly and with the intention of defrauding presents false information in an insurance application, or presents, helps, or causes the presentation of a fraudulent claim for the payment of a loss or any other benefit, or presents more than one claim for the same damage or loss, shall incur a felony and, upon conviction, shall be sanctioned for each violation by a fine of not less than five thousand dollars (\$5,000) and not more than ten thousand dollars (\$10,000), or a fixed term of imprisonment for three (3) years, or both penalties. Should aggravating circumstances [be] present, the penalty thus established may be increased to a maximum of five (5) years, if extenuating circumstances are present, it may be reduced to a minimum of two (2) years.
Rhode Island	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.
Tennessee	<p>All Commercial Insurance, Except As Provided for Workers' Compensation It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines and denial of insurance benefits.</p> <p>Workers' Compensation: It is a crime to knowingly provide false, incomplete or misleading information to any party to a workers' compensation transaction for the purpose of committing fraud. Penalties include imprisonment, fines and denial of insurance benefits.</p>
Utah	Workers' Compensation: Any person who knowingly presents false or fraudulent underwriting information, files or causes to be filed a false or fraudulent claim for disability compensation or medical benefits, or submits a false or fraudulent report or billing for health care fees or other professional services is guilty of a crime and may be subject to fines and confinement in state prison.
Virginia	It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines and denial of insurance benefits.
Washington	It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines and denial of insurance benefits.
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.
All Other States	Any person who knowingly and willfully presents false information in an application for insurance may be guilty of insurance fraud and subject to fines and confinement in prison. (In Oregon, the aforementioned actions may constitute a fraudulent insurance act which may be a crime and may subject the person to penalties).