

INSTRUCTIONS: 1. Complete Policyholder/Patient Information on this page. 2. Be sure to sign your claim form at the bottom of this page. 3. Please review and sign the attached "Authorization to Obtain Information" form. Two copies are attached: return one copy to Provident American Insurance Company and keep one for your records. By returning the signed authorization with your claim, you will help us process your claim as quickly and efficiently as possible. 4. If you are filling for disability, have your doctor complete and sign the "Physician's Statement" and have your Employer complete and sign the "Employer's Statement of Disability." ADDITIONAL NOTES: 1. Submit all bills related to this claim such as doctor, hospital (must include the number of days confined, if applicable), ambulance, follow-up visits, physical therapy, etc. All bills should be itemized and should include the diagnosis, services rendered, date of service and actual charges for the service. 2. Be sure to include your policy number on all documents. POLICYHOLDER'S INFORMATION POLICYHOLDER LAST NAME PROPER PROPER PROPER PROPER PROPER PROPER PROPERTIES PR	ACCIDENT INJURY CLAIM FORM					
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7. Give the first date you did not work due to this injury or disability/		7. Give the first date you did not work due to this injury of	or disability//_			
8. What duties are you now unable to perform due to this injury or disability?	8.	8. What duties are you now unable to perform due to the	nis injury or disability?			
9. What date were you first able to do any part of your work, supervisory or otherwise?//	0	What data wore you first able to do any part of your	vork suponisony sr st	honviso? / /		
 What date were you first able to do any part of your work, supervisory or otherwise?// What date did your resume your regular job duties? / / 						

SIGNATURE (IF CLAIM IS FOR A MINOR, PARENT OR LEGAL GUARDIAN MUST SIGN)

DATE

Any person who knowingly presents a false or fraudulent claim for the payment of a loss is subject to criminal and civil penalties.