

**CRITICAL ILLNESS
ATTENDING PHYSICIAN'S STATEMENT**

Mail, email or fax your claim to us at:
300 SW Adams St, Peoria IL 61634
claims@IllinoisMutual.com
Fax (309) 673-8137

TO BE COMPLETED BY INSURED

Policy Number		Claim Number	
1a.	PATIENT'S NAME (First name, middle initial, last name)	1b.	DATE OF BIRTH
2.	ADDRESS STREET OR PO BOX	CITY	STATE ZIP
3.	PATIENT'S SIGNATURE (If minor parent must sign): I authorize the release of any medical information necessary to process my claim. SIGNATURE _____ DATE _____		

TO BE COMPLETED BY ATTENDING PHYSICIAN

CRITICAL ILLNESS INFORMATION

Specify which condition your patient has been diagnosed with, and provide the supporting documentation as outlined on page 2.

4.	<input type="checkbox"/> Burns <input type="checkbox"/> Coma <input type="checkbox"/> Coronary Angioplasty <input type="checkbox"/> Coronary By-Pass Surgery <input type="checkbox"/> End-Stage Renal Disease <input type="checkbox"/> Heart Attack <input type="checkbox"/> Heart Transplant	<input type="checkbox"/> Loss of Hearing <input type="checkbox"/> Loss of Sight <input type="checkbox"/> Loss of Speech <input type="checkbox"/> Major Organ Transplant <input type="checkbox"/> Paralysis <input type="checkbox"/> Stroke <input type="checkbox"/> Cancer	5.	Dependent Child Critical Illnesses:	
				<input type="checkbox"/> Cerebral Palsy <input type="checkbox"/> Congenital Heart Disease <input type="checkbox"/> Cystic Fibrosis <input type="checkbox"/> Muscular Dystrophy	<input type="checkbox"/> Pyloric Stenosis <input type="checkbox"/> Spina Bifida <input type="checkbox"/> Type One Diabetes <input type="checkbox"/> Down Syndrome
6.	DIAGNOSIS	7.	DATE OF DIAGNOSIS	8.	DATE PATIENT FIRST CONSULTED YOU FOR THIS CONDITION:
9.	HAS THE PATIENT EVER HAD THE SAME OR SIMILAR CONDITION? <input type="checkbox"/> YES <input type="checkbox"/> NO IF YES, INDICATE FIRST TREATMENT DATES:	10.	NAME AND ADDRESS OF REFERRING PHYSICIAN		

PHYSICIAN'S INFORMATION AND SIGNATURE

11.	PHYSICIAN'S NAME AND ADDRESS (PLEASE PRINT): _____ _____ _____		
12.	MEDICAL SPECIALTY: _____	PHONE NUMBER (_____) _____	
13.	PHYSICIAN'S ID NUMBER: _____	FAX NUMBER (_____) _____	
Notice: Your signature and date on this form indicates that you acknowledge the fraud warning applicable in your state as indicated on the attached page.			
14.	PHYSICIAN'S SIGNATURE: _____		DATE: _____

Please provide the following medical documentation to support the claimed critical illness such as copies of clinical records, pathology reports, operative reports and test results.

Condition	Documentation
Burns	Clinical records to include the severity of burn and % of surface area of the body
Coma	Clinical records to include the Glasgow Coma Scale score
Coronary Angioplasty, By-Pass Surgery	Clinical records to include surgical and operative reports
Heart Attack	Clinical records from a board certified cardiologist to include EKG and cardiac markers
Heart or Major Organ Transplant:	Clinical records to include proof of registration and acceptance to the United Network for Organ Sharing (UNOS)
End-Stage Renal Disease	Clinical records from kidney specialist and dialysis records
Loss of Hearing	Clinical records to include audiometric testing
Loss of Sight	Clinical records to include visual acuity testing or visual field restrictions
Loss of Speech	Clinical records
Paralysis	Clinical records
Stroke	Clinical records to include neuroimaging studies as well as new documented neurological deficits 30 days post event
Cancer	Clinical records to include pathology and surgical reports as well as the TMN Stage

Dependent Child Critical Illnesses	Documentation
Congenital Heart Disease	Clinical records from a pediatric cardiologist to include cardiac imaging
Muscular Dystrophy	Clinical records to include electromyography results and muscle biopsy
Type One Diabetes	Clinical records from a board-certified endocrinologist to include blood tests and confirmation of the cause of low insulin production
Cerebral Palsy	Clinical records
Cystic Fibrosis	Clinical records
Down Syndrome	Clinical records
Pyloric Stenosis	Clinical records
Spina Bifida	Clinical records

GENERAL FRAUD STATEMENT: 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.

For residents of Alabama: Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or who knowingly presents false information in an application for insurance is guilty of a crime and may be subject to restitution, fines or confinement in prison, or any combination thereof.

For residents of 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.

For residents of 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.

For residents of Arkansas, Louisiana, Rhode Island, and 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.

For residents of 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.

***For residents of 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.**

For residents of Delaware: 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.

For residents of 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.

For residents of 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.

For residents of Georgia: 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, may be guilty of a crime and may be subject to fines and confinement in prison.

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

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

For residents of Kansas: 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, may be guilty of insurance fraud as determined by a court of law.

For residents of 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.

For residents of 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.

For residents of 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.

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

For residents of 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 N.H. Rev. Stat. Ann. § 638:20.

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

For residents of 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.

For residents of 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.

For residents of 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.

For residents of 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.

For residents of Oregon: 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, may be guilty of a crime and may be subject to fines and confinement in prison.

For residents of 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.

For residents of Tennessee, Virginia, and 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.

For residents of 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.

Underwritten by: Illinois Mutual Life Insurance Company
Home Office 300 S.W. Adams Street Peoria, IL 61634 Phone 309.674.8255