

INCLUDES:

Eldercare (Assisted Living Facilities, Independent Living Facilities, Skilled Nursing Facilities, Continuing Care Facilities)
Allied Healthcare (Durable Medical Equipment, Home Health, Diagnostics Lab, Orthotics & Prosthetics, Pharmacies)
Practitioners (Podiatrists, Medical Malpractice and Physicians)

To Complete Form:

- 1) Complete and email to incidents@hanover.com;
- 2) Complete and print form and fax to (508) 926-1279; or
- 3) Click here to submit a webform www.hanover.com/claims.html

SUBMISSION INFORMATION:

Policy Number: _____
Policy Type: Eldercare Allied Healthcare Practitioners
Date Reported: _____ Date & Time of Incident: _____
Previously notified Hanover? Yes No
Date Notified: _____

INSURED INFORMATION:

Corporation/Facility Name: _____
Contact: _____ Title: _____
Address: _____
Phone: _____ Fax: _____ Email: _____
Employee/Physician Name: _____
Address: _____
Phone: _____ Fax: _____ Cell: _____
Email: _____

CLAIMANT INFORMATION:

Client/Injured Party Name: _____ Male Female
Address: _____
Phone: _____
Date of Birth: _____ Date of last treatment: _____ Date Admitted To Facility: _____
(Applies to **Practitioners** Policy Type)
Injured Party Status: Resident Visitor Patient Client
Level of Care: ILF ALF SNF (Applies to **Eldercare** Policy Type)

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LOSS EXPLANATION:

Type of Incident: Bodily Injury Property Damage Other (Applies to **Allied Healthcare & Eldercare** Policy Type)

Brief Description of Incident/Alleged Injury:

Name of Witness: _____ Employee Resident Visitor Patient Client

Witness Contact Info: _____

Was Emergency Medical Treatment Required? Yes No

If Yes, describe injury/treatment: _____

Name of Doctor/Hospital: _____

Disposition: Returned to Facility Emergency Room Physician Visit

Hospital Administration Remained at Home

Returned to Facility Date/Time: _____

(Applies to **Eldercare** Policy Type)

Patient Diagnosis: _____

(Applies to **Practitioners** Policy Type)

Are you still servicing this client? Yes No

Do you expect a claim? Yes No

Name of Family member notified: _____

Relationship to Injured Party: _____

Investigation by outside agency: Yes No

Police State Federal Other: _____

Name of person completing this report and contact info, if other than facility contact listed above: _____

Is there another Hanover policy related to this incident that should be referenced? Yes No

If Yes, provide policy number: _____

Attach a copy of claim notification, correspondence asserting a claim, legal notice/lawsuit and all such correspondence.

SEE IMPORTANT INFORMATION ON PAGE 3 OF THIS DOCUMENT

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FRAUD WARNINGS

Fraud Warning Statement for all States (except as individually listed below): 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 and subjects that person to criminal and civil penalties (In Oregon, the aforementioned actions may constitute a fraudulent insurance act which may be a crime and may subject the person to penalties). (In New York, the civil penalty is not to exceed five thousand dollars (\$5,000) and the stated value of the claim for each such violation). (Not applicable in AL, AR, AZ, CA, CO, DC, FL, KS, LA, ME, MD, MN, NM, OK, PR, RI, TN, VA, VT, WA and WV).

APPLICABLE IN AL, AR, AZ, DC, LA, MD, NM, RI and WV: Any person who knowingly (or willfully in MD) presents a false or fraudulent claim for payment of a loss or benefit or who knowingly (or willfully in MD) presents false information in an application for insurance is guilty of a crime and may be subject to fines or confinement in prison.

APPLICABLE IN CALIFORNIA: For your protection California law requires the following to appear on this form or other explanatory words of similar meaning: 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.

APPLICABLE IN 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.

APPLICABLE IN FLORIDA and OKLAHOMA: 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 (In FL, a person is guilty of a felony of the third degree).

APPLICABLE IN KANSAS: 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 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 commits a fraudulent insurance act.

APPLICABLE IN MAINE, TENNESSEE, VIRGINIA, WASHINGTON AND NORTH CAROLINA: 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.

APPLICABLE IN 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.

APPLICABLE IN 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.

APPLICABLE IN NEW HAMPSHIRE: Any person who with a purpose to injure, defraud or deceive any insurance company, files a statement of claim containing false, incomplete or misleading information is subject to prosecution and punishment for insurance fraud, as provided in RSA 638:20.