



AMERICAN NATIONAL INSURANCE COMPANY

P.O. BOX 696520, SAN ANTONIO, TEXAS 78269-6520

Toll-free: 1- 800-899-6520 or Local: 409-766-6609

CLAIMANT INFORMATION

1. Policy or Identification Number:	2. Name of patient:	4. Patient's Date of Birth:
	3. Name of insured:	

MEDICAL INFORMATION

5. Nature of injury or illness:	6. If accident, date of injury, or if illness, date of first symptoms:	
7. How did the accident happen?		
8. Where did the accident happen?	9. Was the accident work-related? <input type="checkbox"/> Yes <input type="checkbox"/> No	
10. Name of doctor who first treated the patient for this condition:	11. Doctor's address and phone number:	12. When was the patient first treated?

OTHER COVERAGE INFORMATION

13. Does the patient have other medical coverage? <input type="checkbox"/> Yes <input type="checkbox"/> No	14. Name & Address of Company:
15. Plan or Group Number of other medical coverage:	16. Plan or Group Effective Date:

17. I declare the answers and statements herein to be true. I hereby authorize the use or disclosure of my health information as described in this authorization. American National Insurance Company or its Agent acting on its behalf is authorized to receive and use the information to determine payment or for other health care operations. This Authorization is for the release of all Medical Records for diagnosis and treatment during the last five (5) years. Health Information may be used for Claim Processing and/or Care Management. The Authorization for Release of Health Information expires one (1) year from the date this authorization is signed.

Signature _____ Date _____ Tel. No. _____

Address _____

Street

City

State

Zip

FRAUD NOTICES

Any person who knowingly and with intent to defraud any insurance company or other person files an application for 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. California residents: Any person who knowingly presents a false fraudulent claim for the payment of loss is guilty of a crime and may be subject to fines and confinement in state prison. Colorado residents: 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 residents: Any person who knowingly and willfully presents a false or fraudulent claim for payment of a loss or benefit or who knowingly and willfully presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison. Florida residents: 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. New York residents: 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 violation.