

5. Physician's statement	Patient's name _____ Diagnosis _____ If due to sickness, when did first symptoms appear? _____ If due to injury, give the date of accident _____ Has the patient ever suffered previously from the same or similar condition? <input type="checkbox"/> Yes <input type="checkbox"/> No Date _____ List any secondary condition(s) and/or complication(s) _____ Was the patient referred to you? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, give name and address of referring physician _____ If the patient was hospitalized, indicate name and address of the hospital and dates of confinement _____ What is your prognosis for this patient? _____
6. Health care facility information and certification of medical necessity	Name and address of health care facility _____ How is the facility licensed? _____ What type of nursing care is the insured receiving? <input type="checkbox"/> Skilled <input type="checkbox"/> Intermediate <input type="checkbox"/> Custodial If the insured is in a skilled facility, do you certify the insured requires skilled nursing care? <input type="checkbox"/> Yes <input type="checkbox"/> No If the insured is in a custodial or intermediate facility, do you certify they require confinement for medically necessary nursing care other than skilled nursing care because of an injury or sickness? <input type="checkbox"/> Yes <input type="checkbox"/> No
7. Home health aide information	If the insured is receiving services from a home health aide, do you certify they require these services in lieu of nursing home confinement to meet daily living needs? _____ Name and address of home health aide _____

Attending Physician's Signature _____

Social Security Number _____

Federal Tax Number _____



American Republic Insurance Company
 National Headquarters, Des Moines, Iowa 50334

For your protection state law requires the following statements to appear on this form.

FRAUD WARNING STATEMENT

Alabama	Any person who knowingly presents 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.
Arkansas, Louisiana, 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.
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.
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	Any person who knowingly and with intent to defraud or damage, files a claim containing false, incomplete or misleading information, may be guilty of insurance fraud as determined by a court of law. Use of the mail to defraud is a violation of federal law.
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.
Maine, Tennessee, Virginia, and Washington	It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purposes of defrauding the company. Penalties include imprisonment, fines or denial of insurance benefits.
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.
Ohio	Any person who, with intent to defraud or knowing that he or she 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	Any person who knowingly, and with intent to injure, defraud or deceive, makes any claim for the proceeds of an insurance policy containing any false, incomplete or misleading information is guilty of a felony.
Oregon	Any person who knowingly and with intent to defraud or damage, files a claim containing false, incomplete or misleading information, may be in violation of state law. Use of the mail to defraud may be a violation of federal law.
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.
Residents of All Other States	NOTICE: Any person who knowingly and with intent to defraud or damage, files a claim containing false, incomplete or misleading information, may be in violation of state law. Use of the mail to defraud is a violation of federal law.

The furnishing of forms does not constitute an admission of liability on the part of the Company.