



Independent Care Provider Service Bill

ATTN: R-02-B Long-Term Care
PO Box 852
Boston, MA 02117-0852
Phone: 800-233-1449 Fax: 617-572-7979

Insured Name : _____
Claim Number: _____

Introduction

In order to receive reimbursement for services provided by an Independent Care Provider (ICP), you must submit itemized charges on this ICP Service Bill. John Hancock will not process this claim until the daily charges and the 2 **original** signatures are completed in full and returned to the address above. Proof of payment may be required upon request (i.e., copies of canceled checks).

Caregiver's Name: _____ Was the Insured hospitalized or in a facility this month? YES NO
IF YES: ADMISSION DATE: _____ DISCHARGE DATE: _____

Where was care provided? INSURED HOME FACILITY OTHER: _____

						Activities of Daily Living/Supervision Services (mark all that apply with an X)							
Date (mm/dd/yy)	Time In (indicate a.m. or p.m.)	Time Out (indicate a.m. or p.m.)	Total Hours	Hourly Charge	Total Daily Charge	Bathing	Continence	Dressing	Eating	Toileting	Transferring / Mobility	Supervision / Safety	Other
				\$	\$								
				\$	\$								
				\$	\$								
				\$	\$								
				\$	\$								
				\$	\$								
				\$	\$								
Sub-Total					\$								

Additional Dates on Reverse →

Acknowledgment

Any person who, with an intent to defraud or knowing that he/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 and may be subject to criminal and civil penalties. Please refer to enclosed state variation sheet for state-specific wording regarding the above fraud statement.



Signature of INDEPENDENT CARE PROVIDER Date

Signature of INSURED or POWER OF ATTORNEY or GUARDIAN Date

PLEASE NOTE: We require a documented Power of Attorney or Guardianship in order to accept a signature other than the insured's on forms related to this claim. Please include a copy of the Power of Attorney or Guardianship if you have not already submitted a copy.



State Fraud Attachment

If you are a resident of one of the below listed states, please read the applicable fraud statement. If your residence state is not listed, the standard fraud statement on the enclosed form applies.

If you are a resident of:

Arkansas	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.
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.
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 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	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.
Florida	Pursuant to s. 817.234, Florida Statutes, any person who, with the intent to injure, defraud, or deceive any insurer or insured, prepares, presents, or causes to be presented a proof of loss or estimate of cost or repair of damaged property in support of a claim under an insurance policy knowing that the proof of loss or estimate of claim or repairs contains any false, incomplete, or misleading information concerning any fact or thing material to the claim commits a felony of the third degree, punishable as provided in s. 775.082, s. 775.803, or s. 775.084, Florida Statutes.
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.
Louisiana	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.
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.
Maryland	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.
New Jersey	Any person who included any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties.
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 FINES AND CONFINEMENT IN PRISON.

Refer to Reverse Side for Additional State Variations

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.
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.
Oregon	Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or 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 may be a crime and may subject such person to criminal and civil penalties.
Rhode Island	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.
Virginia	Any person who knowingly and with intent mislead any insurance company or other person files an application for insurance or a statement of claim containing any materially false information, or conceals for the purpose of misleading, information concerning any fact material thereto, may commit a crime and may subject such person to criminal and civil penalties.
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. State regulations require this disclosure be provided to individuals who complete claim forms.