MARKEL INSURANCE COMPANY

STATE STATUTES SPECIFY: "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

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."

COMPLETE AND MAIL TO:

POMCO
P. O. Box 186
Syracuse, NY 13206-0186
(866) 834-4765

Claim procedures and online access to our claim form are available from our website at:

www.markelmedical.com

CLAIM CANNOT BE PROCESSED WITHOUT THIS INFORMATION

COLLEGE (OR) UNIVERSITY	POLICY #	SOC. SEC. #

STUDENTS NAME	MALE ☐ FEMALE ☐	AGE

STUDENT / DEPENDENT	STREET ADDRESS	CITY	STATE	ZIP	TELEPHONE

ATTENDING PHYSICIAN'S STATEMENT - HEALTH INSURANCE CLAIM
ACCIDENT OR SICKNESS

PATIENT'S NAME AND ADDRESS	MALE ☐ FEMALE ☐	AGE

(1a) Diagnosis and Concurrent Conditions (If fracture or dislocation. describe nature and location): ______________________

(b) If pregnancy, please indicate the patient's last menstrual period (LMP) date: ______________________

(c) Is condition due to injury or sickness arising out of patient's employment? ☐ Yes ☐ No If "Yes," explain: ______________________

(d) Describe any other disease or infirmity affecting present condition: ______________________

(b) When did patient first consult you for this condition? Date ____________, 20____

(c) Has patient ever had same or similar condition? ☐ Yes ☐ No If "Yes," state when and describe: ______________________