



MERICAN SENTINEL INSURANCE COMPANY

2407 Park Drive, P.O. Box 61140, Harrisburg, PA 17106-1140

Phone: 717-540-0600

Toll Free: 1-800-692-7338

Fax: 717-657-9499

GAP POLICY

To File A Claim: Complete Information and attach a copy of the Explanation of Benefits (EOB) from your Primary Carrier. If you would like the provider paid directly, please include medical billing with the provider's contact information.

1. Full Name (Employee)		2. Employee's Date of Birth (MO.,DAY,YR.) / /	3. Sex
4. Address		5. Social Security Number	
6. City	7. State	8. Zip	
9. Full Name (Patient)		10. Daytime Telephone Number () -	
11. Patient's Date of Birth (MO., DAY, YR.) / /		12. Relationship to Employee <input type="checkbox"/> Spouse <input type="checkbox"/> Child <input type="checkbox"/> Self <input type="checkbox"/> Other	

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 subject to criminal and civil penalties.

AUTHORIZATION TO RELEASE INFORMATION

I authorize American Sentinel Insurance Company of Pennsylvania (the Company) to acquire from and authorize any hospital, physician, medical practitioner, clinic, medically related facility, insurance company, or the Bureau of Motor Vehicles to release to the Company any information regarding me for the purpose of evaluating this claim. I authorize the Company to disclose all such information to any physicians, or any other insurance company in order to evaluate a claim.

This Authorization shall remain valid for a period of two years from the date signed. A photocopy of this Authorization will be as valid as the original. A copy of the Authorization is available upon request of the Company.

Date: _____ Signature _____

If a Minor, Signature of Parent or Guardian – Signature _____