ACCIDENT/SICKNESS STATEMENT– TO BE COMPLETED BY PATIENT

Please complete the Patient and Physician Form. The completed form may be uploaded to your claim at www.starrtravelclaims.com or return via email at starrtravelclaims@sedgwick.com
Fax: 614-956-2234
Mail: Starr Travel Claims
PO Box 94645
Cleveland, Ohio 44101-4729

Patient Name:
Patient Address:
City:
State:
Zip:

Relationship to Insured:
Nature of Sickness:
Date the sickness or injury began:
Date the sickness or injury ended:
Period of Hospitalization:
Effective Date of Insurance Policy:

PHYSICIAN STATEMENT– TO BE COMPLETED BY PHYSICIAN

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Fax: 614-956-2234
Mail: Starr Travel Claims
PO Box 94645
Cleveland, Ohio 44101-4729

Medical Diagnosis:
Date of Diagnosis:
Is this a pre-existing condition (Y/N):
If yes, does the patient have new or worsening symptoms:
Treatment Dates:
Date symptoms first appeared or accident occurred:
Was the patient prohibited to travel due to injury/illness: Yes or No
If yes, please provide dates:
Was the patient's medical condition stable at the time the insurance was purchased?

Name of Facility/Physician:
Type of Provider:
Street Address:
City: State: Zip:
Phone Number:

PHYSICIAN STATEMENT– TO BE COMPLETED BY PHYSICIAN

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MISREPRESENTATION AND FRAUD: Your coverage may be cancelled, and coverage denied if, whether before or after a loss, You have concealed or misrepresented any material fact or circumstance concerning the Policy, the subject thereof or Your interest therein, or if You commit fraud or material misrepresentations in connection with this insurance coverage. The misrepresentations, omissions, concealment of facts and incorrect statements may not prevent a recovery under this Policy unless they are: (1) fraudulent; (2) material either to the acceptance of the risk, or to the hazard assumed by Us; or (3) We in good faith would either not have issued this Policy, or would not have issued this Policy or contract in as large an amount, or at the same premium or rate, or would not have provided coverage with respect to the hazard resulting in the Loss, if the true facts had been made known to Us as required either by the application for the Policy.

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