



WHERE STELLAR SERVICE IS NO ACCIDENT

PO Box 189, 88 Main Street Bridgton, Maine 04009-0189  
(800) 952-4320 Phone (207) 647-4569 Fax

Claimant Full Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Address: \_\_\_\_\_

Policy # and/or Name: \_\_\_\_\_

Are you covered by any health insurance, major medical insurance, or health savings account either individual, as a dependent, or offered through employment?

Yes  No

If you answered yes to the above question, please advise the name of all other valid and collectible insurance(s), complete with effective and termination dates as applicable.

If your other insurance coverage has not terminated, please write "Current" in the Termination Date field.

*Please note if this form is not completed in its entirety and returned, your claims may be delayed.*

Insurance Name: \_\_\_\_\_ Effective Date: \_\_\_\_\_ Termination Date: \_\_\_\_\_

Insurance Name: \_\_\_\_\_ Effective Date: \_\_\_\_\_ Termination Date: \_\_\_\_\_

Insurance Name: \_\_\_\_\_ Effective Date: \_\_\_\_\_ Termination Date: \_\_\_\_\_

Are any of these coverages Medicaid or Medicare? Please specify: \_\_\_\_\_

Thank you,

**Customer Service Team**  
[customerservice@nahgaclaims.com](mailto:customerservice@nahgaclaims.com)

**Fraud Warning: Any person who, with the intent to defraud or knowingly facilitates a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement, or conceals information for the purpose of misleading may be guilty of insurance fraud and subject to criminal and/or civil penalties.**

For your protection, California law requires the following to appear on this form. Any person who knowingly presents false or fraudulent information to obtain or amend insurance coverage or to make a claim for the payment of a loss is guilty of a crime and may be subject to fines and confinement in state prison.