



Attn: LTCI Claims
P.O. Box 40007
Lynchburg, VA 24506-9939
Tel: 800 876.4582
Fax: 888 557.5526

*Add this page to your
Favorites list for the next time
you need Invoices!*

INVOICE FOR INDEPENDENT HEALTH CARE PROVIDERS

Use this form to record the time and cost of covered care provided to insureds by independent Care Providers.

Independent means the individual is not providing the care at the direction of a Home Care Agency or other business.

Care provided by family members is typically not covered. Review your policy or call us for details.

To avoid delays in benefit payment review, remember there is a separate page for each half of the month, AND:

1. Section A must be completed by the insured or the insured's legal representative.
 - Insured's Name and Claim # must be clearly and accurately PRINTED to correctly route invoices to your Benefit Analyst.
2. Section B must be completed by the Care Provider.
 - Each Care Provider must use a separate form and enter his or her actual hours worked.
 - Hours worked, rate of pay and description of tasks performed must all be supplied.
3. Section C must also be completed by the Care Provider to certify that the information supplied is true and accurate.
 - Certification must occur after the care has been provided – the signature may not be dated prior to the last date of service on the Invoice.
4. Section D must be completed by the Insured or the Insured's Legal Representative to certify that the information supplied is true and accurate.
 - Certification must occur after the care has been provided – the signature may not be dated prior to the last date of service on the Invoice.

**Send completed invoice forms to the Fax Number or Mailing Address shown on the form.
To print additional Invoice forms, go to: www.Genworth.com/LTCInvoices**

INVOICE FOR INDEPENDENT HEALTH CARE PROVIDERS

INSTRUCTIONS:

- 1) Section A – to be completed by Insured
- 2) Section B – to be completed by Health Care Provider

- 3) Section C – to be signed and dated by Health Care Provider
- 4) Section D – to be signed and dated by the Insured or the Insured's Legal Representative
- 5) **NOTE:** we may require copies of cancelled checks or other proof of payment

Section A: To Be Completed By Insured

Insured's Name:	Claim #:	Mail To: Genworth, Long Term Care Claims P.O. Box 40007, Lynchburg, VA 24506-9939	
		Fax to: (888) 557-5526	Phone: (800) 876-4582
Type of Provider: <input type="checkbox"/> Nurse <input type="checkbox"/> Companion <input type="checkbox"/> Aide <input type="checkbox"/> Therapist <input type="checkbox"/> Homemaker		Type of Assistance: <input type="checkbox"/> Personal/Medical <input type="checkbox"/> Housekeeping	Service From (mm/dd/yy): Service To (mm/dd/yy):

Section B: To Be Completed By Health Care Provider For Each Day Worked

Care Provider's Name:	Relationship to Insured:	Phone #:
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Address:

Mo:	Hours Worked (Specify AM or PM)		Total Hrs. Worked:	Rate Per Day or Hour	Pay Rcvd For (check off)	Describe Specific Daily Tasks Performed (Complete for each day worked)
Dt: 1 st	Start: AM PM	End: AM PM				
2 nd	AM PM	AM PM				
3 rd	AM PM	AM PM				
4 th	AM PM	AM PM				
5 th	AM PM	AM PM				
6 th	AM PM	AM PM				
7 th	AM PM	AM PM				
8 th	AM PM	AM PM				
9 th	AM PM	AM PM				
10 th	AM PM	AM PM				
11 th	AM PM	AM PM				
12 th	AM PM	AM PM				
13 th	AM PM	AM PM				
14 th	AM PM	AM PM				
15 th	AM PM	AM PM				

Section C: Care Provider's Signature – I certify that the foregoing is true and correct.	Date Signed:
Section D: Insured's Signature – I certify that the foregoing is true and correct.	Date Signed:

Please see attached Insurance Fraud Notices. To report suspected fraud, please contact us at (800) 876-4582.

To print additional Invoice forms, go to: www.Genworth.com/LTCInvoices

INVOICE FOR INDEPENDENT HEALTH CARE PROVIDERS

Web **BST**

INSTRUCTIONS:

- 1) Section A – to be completed by Insured
- 2) Section B – to be completed by Health Care Provider

- 3) Section C – to be signed and dated by Health Care Provider
- 4) Section D – to be signed and dated by the Insured or the Insured's Legal Representative
- 5) **NOTE:** we may require copies of cancelled checks or other proof of payment

Section A: To Be Completed By Insured

Insured's Name:	Claim #:	Mail To: Genworth, Long Term Care Claims P.O. Box 40007, Lynchburg, VA 24506-9939	
		Fax to: (888) 557-5526	Phone: (800) 876-4582
Type of Provider: <input type="checkbox"/> Nurse <input type="checkbox"/> Companion <input type="checkbox"/> Aide <input type="checkbox"/> Therapist <input type="checkbox"/> Homemaker		Type of Assistance: <input type="checkbox"/> Personal/Medical <input type="checkbox"/> Housekeeping	Service From (mm/dd/yy): Service To (mm/dd/yy):

Section B: To Be Completed By Health Care Provider For Each Day Worked

Care Provider's Name:	Relationship to Insured:	Phone #:
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Address:

Mo:	Hours Worked (Specify AM or PM)		Total Hrs. Worked:	Rate Per Day or Hour	Pay Rcvd For (check off)	Describe Specific Daily Tasks Performed (Complete for each day worked)
	Start:	End:				
16 th	AM PM	AM PM				
17 th	AM PM	AM PM				
18 th	AM PM	AM PM				
19 th	AM PM	AM PM				
20 th	AM PM	AM PM				
21 st	AM PM	AM PM				
22 nd	AM PM	AM PM				
23 rd	AM PM	AM PM				
24 th	AM PM	AM PM				
25 th	AM PM	AM PM				
26 th	AM PM	AM PM				
27 th	AM PM	AM PM				
28 th	AM PM	AM PM				
29 th	AM PM	AM PM				
30 th	AM PM	AM PM				
31 st	AM PM	AM PM				

Section C: Care Provider's Signature – I certify that the foregoing is true and correct.	Date Signed:
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Section D: Insured's Signature – I certify that the foregoing is true and correct.	Date Signed:
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Please see attached Insurance Fraud Notices. To report suspected fraud, please contact us at (800) 876-4582.

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Insurance Fraud Notices by State:

Insurance Fraud is a crime and we treat it seriously. To report suspected insurance fraud, please call us at 800-876-4582.

Alabama: Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or who knowingly presents false information in an application for insurance is guilty of a crime and may be subject to restitution, fines or confinement in prison, or any combination thereof.

Alaska: A person who knowingly and with intent to injure, defraud, or deceive an insurance company files a claim containing false, incomplete, or misleading information may be prosecuted under state law.

Arizona: For your protection Arizona law requires the following statement to appear on this form. Any person who knowingly presents a false or fraudulent claim for payment of a loss is subject to criminal and civil penalties.

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 regards to a settlement or award payable from insurance proceeds shall be reported to the Colorado division of insurance within the department of regulatory agencies.

Delaware: Any person who knowingly, and with intent to injure, defraud or deceive any insurer, makes any claim for the proceeds of an insurance policy containing any false, incomplete or misleading information is guilty of a felony.

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: Any person who knowingly and with intent to injure, defraud, or deceive any insurer files a statement of claim or an application containing any false, incomplete, or misleading information is guilty of a felony of the third degree.

Idaho: Any person who knowingly, and with intent to defraud or deceive any insurance company, files a statement of claim containing any false, incomplete, or misleading information is guilty of a felony.

Indiana: A person who knowingly and with intent to defraud an insurer files a statement of claim containing any false, incomplete, or misleading information commits a felony.

Kentucky: Any person who knowingly and with intent to defraud any insurance company or other person files 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.

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 or willfully presents a false or fraudulent claim for payment of a loss or benefit or who knowingly or willfully presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

Minnesota: A person who files a claim with intent to defraud or helps commit a fraud against an insurer is guilty of a crime.

New Hampshire: Any person who, with a purpose to injure, defraud or deceive any insurance company, files a statement of claim containing any false, incomplete or misleading information is subject to prosecution and punishment for insurance fraud, as provided in RSA 638:20.

Insurance Fraud Notices by State:

Insurance Fraud is a crime and we treat it seriously. To report suspected insurance fraud, please call us at 800-876-4582.

New Jersey: Any person who knowingly files a statement of claim containing any false or misleading information 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 civil fines and criminal penalties.

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.

Oklahoma: WARNING: Any person who knowingly, and with intent to injure, defraud or deceive any insurer, makes any claim for the proceeds of an insurance policy containing any false, incomplete or misleading information is guilty of a felony.

Pennsylvania: 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 subjects 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.

Tennessee: 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.

Virginia: 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.

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.

West Virginia: 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.

All other states: 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 may be guilty of a crime and may be subject to fines and confinement in prison.