

Continental Casualty Company
CONTINUED MONTHLY RESIDENCE FORM

Instructions:

- The Continued Monthly Residence (CMR) form is a required part of the monthly claim submission and must be completed thoroughly by facility staff.
- Ensure copies of current BLANK CMR forms are maintained by the facility.
- Complete a form for each month, on or after the last day of the month, after the services have been provided. (Example: Facility charges from June 1st-June 30th should not be submitted prior to July 1st).
- Submit with a copy of the facility's invoice reflecting room and board charges for the service period.
- Incomplete forms and photocopies of a prior month's completed CMR form will be considered ineligible and may delay the reimbursement process.

Please complete the form and submit monthly via fax to 952-983-5194 (preferred), or mail to: Continental Casualty Company, P.O. Box 64912, St. Paul, MN 55164-0912.

Facility Name: _____ Resident Name: _____
Facility Address: _____ Resident Policy #: _____
Facility City/State: _____ Resident Room #: _____
Facility Phone #: _____ Resident Move-In Date: _____
Facility Fax #: _____ Month of Service: From _____ Through _____

1. Has the resident remained in the same room/apartment for the entire month? Yes No

If no, provide prior room/apartment #: _____

2. Select the level of care that describes the resident's current room, unit or apartment:

- Alzheimer's/Dementia unit (secured) Independent living apartment or unit
 Alzheimer's/Dementia unit (non-secured) Skilled Nursing Facility
 Assisted living unit (secured) Intermediate Care Facility
 Assisted living unit (non-secured)

3. At any time during this service period, was the resident away from the facility overnight for any reason? Yes No

If yes, provide dates: Departure Date: _____ Return Date: _____

Provide reason for absence: _____

If absence was a hospital stay, provide dates: Admission Date: _____ Discharge Date: _____

4. Is Medicare, Medicaid/MediCal or any other insurance providing benefits for expenses incurred during this service period?

No

Yes, **Medicare**, provide a copy of the Explanation of Medicare Benefits (EOMB); UB-04 form or other proof of remittance by Medicare or Medicare intermediary; and provide dates of 100% coverage/coinsurance coverage:

Yes, **Medicaid/MediCal**, provide the contact information for Medicaid/MediCal Case Worker:

Case Worker Name: _____

Phone Number: _____ Fax Number: _____

Medicaid/MediCal office: _____

Yes, **other insurance coverage** information:

Insurer Name: _____ Policy Number: _____

Insurer Address: _____ Phone Number: _____

By signing below, I declare that all of the answers given are complete and true to the best of my knowledge and belief. By signing below, I agree that I have read and understand the applicable Claim Fraud Warning Statements.

Print Name Title Phone Number

Signature Date

CLAIM FRAUD WARNING STATEMENTS

AL: 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.

AK: 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.

AZ: 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.

AR, LA, RI, TX and WV: 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.

CA: 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.

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

DE and ID: WARNING: Any person who knowingly, and with intent to injure, defraud or deceive any insurer, files a statement of claim containing any false, incomplete or misleading information is guilty of a felony.

DC: 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.

FL: 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.

IN: 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.

KY: 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.

ME, TN, VA and WA: 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.

MD: 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.

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

NH: 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.

NJ and NM: Any person who knowingly files a statement of claim containing any false or misleading information is subject to criminal and civil penalties.

NY: 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.

OH: 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.

OK: 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.

OR: Any person who, with intent to defraud or knowing that he is facilitating a fraud against an insurer, files a claim containing a false or deceptive statement material to the risk may be guilty of insurance fraud.

PA: 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.

PR: Any person who knowingly and with the intention of defrauding presents false information in an insurance application, or presents, helps, or causes the presentation of a fraudulent claim for the payment of a loss or any other benefit, or presents more than one claim for the same damage or loss, shall incur a felony and, upon conviction, shall be sanctioned for each violation with the penalty of a fine of not less than five thousand (5,000) dollars and not more than ten thousand (10,000) dollars, or a fixed term of imprisonment for three (3) years, or both penalties. Should aggravating circumstances be present, the penalty thus established may be increased to a maximum of five (5) years, if extenuating circumstances are present, it may be reduced to a minimum of two (2) years.