

There are two ways to submit:

- 1) Complete and print form and email to incidents@hanover.com; or
2) Complete and print form and fax to (508) 926-1279

Policy Number: _____

Name of Home Health Agency: _____ Phone: _____

Date of report: _____ Date of incident: _____ Time of incident: _____

Client's Name: _____ Client's Address: _____ Phone: _____

Name of Employee: _____ Address: _____ Phone: _____

Location of Incident: [] Living Room [] Kitchen [] Bedroom [] Bathroom [] Other: _____

Explain: _____

Did this happen during service hours: [] Yes [] No If no, who reported this to you? _____

Type of Incident: [] Bodily Injury [] Property Damage [] Other: _____

Describe: _____

Incident occurred while Employee was: [] Feeding [] Bathroom [] Personal Grooming [] Money Management

[] Marketing [] Ambulating [] Toileting [] Dressing [] General Cleaning [] Laundering [] Ironing

[] Meal Preparation [] Other: _____

Describe Other: _____ Was Emergency Medical Treatment Required: [] Yes [] No

If yes, describe injury and treatment: _____

Name of Doctor / Hospital: _____

Statement made by client as to the cause of injury: _____

Disposition: [] Remained at home [] ER or Physician visit [] Hospital Admission

Client's Attitude: _____ Are you still servicing this client: [] Yes [] No Do you expect a Claim? [] Yes [] No

Name of family member notified: _____ Relationship to injured party: _____

Investigation by outside agency: [] Yes [] No [] Police [] State [] Federal [] Other: _____

Name of person completing this report and contact info, if other than facility contact listed above: _____

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Please call (800) 831-9506 if you received this in error.

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Fraud Warning Statement for all States (except as individually listed below):

Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance 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 that person to criminal and civil penalties (In Oregon, the aforementioned actions may constitute a fraudulent insurance act which may be a crime and may subject the person to penalties). (In New York, the civil penalty is not to exceed five thousand dollars (\$5,000) and the stated value of the claim for each such violation). (Not applicable in AL, AR, AZ, CA, CO, DC, FL, KS, LA, ME, MD, MN, NM, OK, PR, RI, TN, VA, VT, WA and WV).

APPLICABLE IN AL, AR, AZ, DC, LA, MD, NM, RI and WV

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

APPLICABLE IN CALIFORNIA

For your protection California law requires the following to appear on this form or other explanatory words of similar meaning: 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.

APPLICABLE IN 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 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.

APPLICABLE IN FLORIDA and OKLAHOMA

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 (In FL, a person is guilty of a felony of the third degree).

APPLICABLE IN KANSAS

Any person who, knowingly and with intent to defraud, presents, causes to be presented or prepares with knowledge or belief that it will be presented to or by an insurer, purported insurer, broker or any agent thereof, any written statement as part of, or in support of, an application for the issuance of, or the rating of an insurance policy for personal or commercial insurance, or a claim for payment or other benefit pursuant to an insurance policy for commercial or personal insurance which such person knows to contain materially false information concerning any fact material thereto; or conceals, for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act.

APPLICABLE IN MAINE, TENNESSEE, VIRGINIA, WASHINGTON AND NORTH CAROLINA

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.

APPLICABLE IN 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.

APPLICABLE IN 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.

APPLICABLE IN NEW HAMPSHIRE

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