

Genworth Life & Annuity  
Genworth Life  
Genworth Life of New York  
Attn: LTCI Claims  
P.O. Box 40007  
Lynchburg, VA 24506-9939

Fax No.: 888 461.7767 ("Attn: Claims")

Phone No.: 800 876.4582 (Non-NY)  
888 557.5529 (NY)

Email Claim Forms to:  
[LTCDocuments@ltc-claims.com](mailto:LTCDocuments@ltc-claims.com)

Note: We cannot guarantee the confidentiality or security of any information you send to us over the Internet when using email.

# Community Care Information Form

from Genworth Life and Annuity Insurance Company,  
Genworth Life Insurance Company and  
Genworth Life Insurance Company of New York†

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Provider Number: .....

Note: When your client/patient has filed a claim with us, we may contact you directly for copies of his or her invoices, plans of care and care notes.

The Facility/Agency Information section must be completed in full for all providers.

The Facility/Agency Authorization section must be completed in full for all providers.

The Home Care Agency/Home Health Care Agency section must be completed when the provider is a Home Care/Home Health Care Agency.

The Adult Day Care Center – Care and Services section must be completed when the provider is an Adult Day Care Center.

## Facility/Agency Information

Facility/Agency Name: .....

Facility/Agency Address: .....

City: ..... State: ..... Zip code: .....

Facility/Agency Phone: ..... Fax: .....

Facility Email Address: .....

Is the provider a Home Care Agency?  No  Yes

Is the provider an Adult Day Care Center?  No  Yes

## Home Care Agency / Home Health Care Agency

Complete this section if provider is a Home Care Agency.

If Agency is licensed or certified, please attach copies of all licenses and certifications.

Is the Agency licensed or certified?  No  Yes

Is the Agency Medicare-certified?  No  Yes

Does the Agency provide nursing or therapeutic services?  No  Yes

Does the Agency provide only non-skilled care?  No  Yes

Does the Agency maintain daily care notes/records for each patient?  No  Yes

Does the Agency develop and maintain a Plan of Care for each patient?  No  Yes

Is the Agency supervised by a qualified professional such as a  No  Yes

Nurse, licensed social worker, or a Physician?

If Yes, indicate which professionals:

Nurse  Licensed Social Worker  Physician

Does the Agency provide ongoing supervision and training to its staff appropriate to the services to be provided?  No  Yes

Type of services the Agency is licensed, certified, or authorized to, and does, provide:

Nursing Services (RN/LVN/LPN)  Therapy Services

Home Health Care  Hospice Care

Homemaker/Choremaker services  Personal Care(ADL)

Cognitive-related services (Sitter/Companion)  Live-in help

If Hospice Care is checked, does the Agency hold a separate license or Medicare certification to provide Hospice services?  No  Yes

\*If "Yes", please attach copies of all Hospice licenses and/or Medicare certifications.

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**Adult Day Care Center – Care and Services**

Complete this section if provider is an Adult Day Care Center.

Is the Adult Day Care Center licensed or certified?  No  Yes

Does the Center operate at least 5 days a week, for a minimum of 6 hours per day?  No  Yes

If Agency is licensed or certified, please attach copies of all licenses and certifications.

Does the Center offer overnight care?  No  Yes

Does the Center have procedures for obtaining aid in the event of an emergency?  No  Yes

Does the Center develop and maintain a Plan of Care and service records or each patient?  No  Yes

Does the staff include:

A full time director

One or more RNs in attendance for at least 4 hours per day

Does the Center have formal arrangements for providing the following services:

Dietician or Nutritionist  Licensed Physical Therapist

Licensed Speech Therapist  Licensed Occupational Therapist

Does the Center have enough full-time staff members to maintain a maximum client-to-staff ratio of 8 to 1?  No  Yes

What is the maximum number of Adult Day Care clients the Center can have in attendance per day? : .....

**Facility/Agency Authorization**

For your protection, the state of **New York** laws require that we provide you with the following statement:

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.

I agree that the information represented above is correct and if any changes are made/clarified, they have been initialed.

*(Please see the "State Fraud Notices" section on page 2 for additional information)*



**Signature of Facility/Agency Representative**

.....

**Print Name of Facility/Agency Representative**

.....

**Date**

.....

**Job Title**

.....

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**State Fraud Notices – For your protection, some states' laws require that we provide you with the following statements:**

**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 that we provide you with following information: 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 that we provide you with the following information: 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, files a statement of claim 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 NH Rev. Stat. Ann. §638:20.

**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.

**Puerto Rico:** 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 on 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 are [sic] 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.

**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.

**Texas:** Any person who knowingly presents a 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.

**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.