

PLEASE FOLLOW THESE INSTRUCTIONS TO FILE A CLAIM

ALL INFORMATION MUST BE PROVIDED IN ORDER FOR CLAIM TO BE PROCESSED

- ◆ Obtain claim form from your marketing agent or Organization or School and answer all questions in detail (including all signatures on the front of the form). A claim form needs to be completed for each accident.
- ◆ If you have other insurance, submit your claim to your other insurer. When you receive the explanation of benefits notice from your primary carrier, send it to us along with the corresponding itemized bills along with fully completed claim form. You must submit itemized bills; balance due statements will not be processed. Itemized bills include:
 - 1) HCFA-1500 (standard form used by Providers)
 - 2) UB-04 or UB-92 (standard form used by Hospitals)
- ◆ If you already paid the bill, include a paid receipt or a copy of your cancelled check. Otherwise payment will be made to the providers of service (Hospital, Physician or Others), unless a paid receipt statement accompanies the bill at the time the claim is submitted.
- ◆ Send all correspondence to Administrative Concepts, Inc., 994 Old Eagle School Road, Suite 1005, Wayne, PA 19087-1802. Correspondence can be faxed to 610-293-9299 or scanned and emailed to aciclaims@visit-aci.com. The claim form must be sent within 30 days of the date you first received medical care. Any bills not filed with the claim form should be sent, within 30 days of the date you received medical care, to the Company identified with claimant's name, Organization or School name and date of Accident.
- ◆ If you change your address, please notify Administrative Concepts, Inc. by calling 1-888-293-9229 so that there is no delay in processing any claims.
- ◆ Please contact Administrative Concepts, Inc. by calling 1-888-293-9229 if you would like to check the status of your claim or if you have any questions on how your claim was processed or the benefit paid.

KEEP COPIES OF ALL CLAIM FORMS, BILLS, AND CORRESPONDENCE FOR YOUR OWN RECORDS UNTIL YOUR CLAIM HAS BEEN PROCESSED.