

INSTRUCTIONS FOR FILING AN ACCIDENT CLAIM

The forms must be completed by the claimant. If the claimant is a minor, the primary insured parent must complete the forms. All questions on the forms must be answered in full. Incomplete or illegible answers may result in the delay of claim consideration. Please return the requested information as soon as possible for prompt processing.

The claimant is responsible for this information without expense to the Company.

- The enclosed **Statement of Claim** should be fully completed by the primary insured and the patient. Please make sure the Authorization at the bottom of the page is signed and dated.
- Please provide a copy of the **Accident Report**, if one is available.
- Please provide an **Itemized Emergency Room Bill**
- Please provide copies of itemized bills and/or treatment notes for any other related treatment, such as hospital, physician, physical therapist or ambulance bills.
- The enclosed **HIPAA** form, Authorization Form For Disclosures of a Claimant's Protected Health Information, should be fully completed by the **patient**.
- The enclosed **Personal Representative HIPAA** form, Authorization Form For Disclosures of a Claimant's Protected Health Information to Personal Representative, should be completed if someone other than the patient needs to be able to discuss sensitive policy or claim information with our office. The patient may also provide a copy of a current **General Durable Power of Attorney** in lieu of this form.

This instruction form and our requests for additional information should not be considered a guarantee that payment will be made. Please make sure all documentation requested is fully completed and returned as soon as possible. If you have any questions, please contact our Customer Service Department.