

INSTRUCTION FOR FILING A CLAIM

Policies with Excess Coverage

Eligible covered expenses will be paid only if they are in excess of other valid and collectible insurance or medical payment plan, regardless of any Coordination of Benefits. If the claimant is covered by any other insurance or medical plan, they must submit a claim to their primary insurance first. After the primary insurance has paid benefits, then submit this claim along with all EOB's (explanation of benefits) from the primary carrier and copies of the itemized bills.

Deductible

There is not a deductible on this plan.

Accident Medical Claim Form

This Company claim form must be submitted for each individual claim. Part (A) must be completed **in full** by the Policyholder official or a staff member and signed by the Policyholder or staff member. Part (B) must be completed in full by the injured person or the parent or guardian if that injured person is a minor and also must be signed. A full completed claim form is not necessary when submitting additional medical bills - only one claim form is needed per accident/injury.

Medical Bills

Attach all medical bills. All submitted medical bills must be itemized for service. A balance due statement is not acceptable and will only delay processing. A physician's office should submit an invoice per HCFA 1500. A hospital and/or emergency room should submit an invoice per UB92. HCFA 1500 and UB92 are universal billing forms supplied by the physician's office and/or hospital.

Information Requests

In the event that a claim is not submitted in full or if additional information is needed, the claim will be closed, and the additional information will be requested via US Mail. Please forward the requested information immediately so that we may finish adjudicating your claim in a swift manner. The explanation of benefits (information request) will be sent to the address of the injured person listed on the claim form in Part (B).

Submitting a Claim

All itemized bills and/or claim forms should be sent to the following address:

Southwest Special Risk Insurance

3116 West 5th Street, Suite 106

Fort Worth, TX 76107

(817) 923-1111 FAX (817) 336-9967

Claim Status

To check the status of a claim, please contact:

Summit America Insurance Services, Inc.

7400 College Boulevard, Suite 100

Overland Park, KS 66210

(877) 246-6997

PLEASE NOTE: Claim forms should be submitted at the time of the injury. Please submit within 90 days of the accident date.

If you have any questions about this process or the policy, please contact Insurance Services at (979) 845-0099.