

**SIS HOSPITAL GAP PLAN™ REIMBURSEMENT PROCEDURES
FOR ACCIDENT AND SICKNESS CLAIMS ONLY**

(PLEASE SUBMIT CLEAR COPIES OR ORIGINALS)

Need to file a claim? Just follow these simple steps...

Physician Visits:

1. Send copies of the original bills showing the diagnosis, date of service, itemized charges, name and address of the provider and the tax identification number.
2. An explanation of benefits from the primary insurance carrier is normally not needed if the Doctor's bill is detailed; however, there may be occasions where we will ask for one.
3. A completed claim form is not necessary with every office visit claim submission; however, we will need at least one in your file annually. If this is your first submission, please include a completed claim form. Also, please include a completed claim form if your address or phone number has changed recently.

In-Patient Confinements and Out-Patient Hospital Services:

1. Fill out the Statement of Insured on the claim form as completely as possible. Sign and date the authorization section. The insured must sign and date the claim form for dependent children.
2. Attach copies of the original bills showing diagnosis, date of service, place of service, itemized charges, name and address of the provider and tax identification number (TIN).
3. Attach copies of the Explanation of Benefits (EOB) from the primary insurance carrier. (This is the statement from the primary carrier that tells what charges they are paying, denying, or applying to deductibles, etc.)

If your Major Medical Plan is an HMO – please provide the following for any claim submitted:

1. American Fidelity Reimbursement Request Form (claim form)
2. A detailed bill from your provider – this bill must show:
 - a. A detailed list of all services provided and the Date these services were provided, along with the Diagnosis codes of the services provided,
 - b. HMO payment amount and any discount/write off amount, and
 - c. Co-Pays that were paid to the provider.

If you have any questions about your claim, please contact our Customer Service Department between 8:00 a.m. and 5:00 p.m. (CST) at 1-800-767-6811.

PLEASE MAIL ALL REIMBURSEMENT CLAIMS TO :

**SPECIAL INSURANCE SERVICES, INC.
P.O. BOX 250349
PLANO, TX 75025-0349**

Items not covered under GAP:

Certain items may not be covered under the Hospital GAP PLAN™, including, but necessarily limited to:

1. Wellness expenses (physicals, pap smears, mammograms, prostate exams, etc.). Wellness expenses are not covered under the GAP.
2. Prescription Drugs are not covered.

Please refer to your individual employee certificate for details.