



PHILADELPHIA
AMERICAN
LIFE INSURANCE COMPANY

Claims Filing Instructions - GAP

Following these instructions will avoid unnecessary delays in claim processing

- *When you receive treatment always **present your ID card**. Some providers of service will file your claim for you after your primary carrier has paid. If the provider files for you they will typically request that you assign benefits.*
- *If a provider will not file for you please follow the remaining instructions.*
- *Please provide copies of the primary carrier Explanation of Benefits (EOB) along with the following information.*
- *Please ask the provider of service to give you a **statement** that includes the following: **patient name, date of service, amount charged for each service, and the diagnosis and procedure codes usually called a HCFA 1500**. The diagnosis (ICD) code is a 3 to 8 digit code number and the procedure (CPT or HCPCS) code is a 5 digit code number.*
- *If the provider is an Emergency Room, Outpatient Facility or Hospital ask them to give you a statement that you can use for insurance purposes. The **statement** (usually called a UB04) should include the **above information** as well as the **Revenue Codes** which are the 3 digit codes that describe the charges for services rendered in each department of the hospital.*
- *If the claim is incurred in the **first 12 months** of coverage you will need to complete a **Claim Form and Authorization** and submit with your claim. Please contact our Customer Service Department at the number listed below to request a claim form as needed.*
- *When submitting a claim that is incurred after your policy has been in force for 12 months you will not need to complete this form unless your claim is for an accident.*
- *If the claim is for an accident please complete a Claim Form and Authorization. If the accident was related to a motor vehicle accident please provide a copy of the Motor Vehicle Accident Report.*
- *If a claim form is not required as indicated above, please make sure the insured name, the patient name and the policy number is included on all documentation submitted.*

If you have any questions or to request a Claim Form please call our Customer Service Department at 800-552-7879 extension 1331.

Completed Claim Forms and claims can be mailed or faxed to our offices.

Philadelphia American Life Insurance Company
Attention: Claim Department
PO Box 4884
Houston, TX 77210-4884
Fax: 281-368-7382