

**SPECIMEN**

**SISLINK 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. Fidelity Security 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.

**Items Not Covered Under SISLink:**

Certain items may not be covered under this plan, including, but not limited to: Wellness Expenses (physicals, pap smears, mammograms, prostate exams, etc.), unless Wellness Coverage was purchased; Prescription Drugs, Durable Medical Equipment, Vision Expenses, and Dental Expenses. Please refer to your individual employee certificate for details.

*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 (972) 788-0699 or 1-800-767-6811.*

(Detach along lines and retain for easy reference)

**Deductible & Coinsurance Reimbursement**

<b>In Hospital Benefit</b>	<b>\$1,000.00</b>
<b>Outpatient Benefit</b>	<b>\$500.00</b>

**All benefits are subject to the policy terms and conditions.**

**Charges must first be considered by the major medical policy and applied to the deductible or coinsurance.**

**For information regarding benefits, or the assignment of benefits, please contact SIS at (972) 788-0699 or (800) 767-6811.**

**Name:**

**Policy #:** MG-100 xxxxx (xxxxx)

**Eff. Date:**

Possession of this card by the insured does not guarantee that coverage is in effect, nor is it a guarantee of payment. All claims are subject to the limitations and exclusions of the policy.

**Submit claims to:**

Special Insurance Services, Inc.  
P.O. Box 250349  
Plano, TX 75025-0349