



Primary Insured:
XXXXXXXXXXXXXXXXXX

Effective Date: March 9, 2015
ID # BXXXXXXXXXXXXX

POSSESSION OF THE CARD DOES NOT GUARANTEE COVERAGE

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Filing a Claim

- Obtain a Claimant's Statement & authorization form by visiting hccmis.com or by calling 800-605-2282 or 317-262-2132
- Complete the claim form; attach original, itemized bills; and forward to HCC Medical Insurance Services. Be sure to fully complete your Claimant's Statement and sign it.
- If you have already paid certain expenses, attach copies of payment receipts. In many cases, payment will be made directly to the hospital/physician that treated you.

Remember, you are responsible for the deductible, coinsurance and any ineligible charges.

Pre-Notification

You are required to notify HCCMIS of all hospitalizations, surgeries, emergency evacuations, emergency reunions, trip interruptions, repatriation of remains, computerized tomography (CAT scan) and magnetic resonance imaging (MRI). Failure to comply may result in a deduction of benefits.

For pre-notification or general questions regarding eligibility / benefits / claims please call 800-605-2282 or 317-262-2132

*Access worldwide toll-free numbers online at <http://hccmis.com/tollfree>

Mail your claim form and itemized bills including diagnosis to:
HCCMIS Claims Department
Box No. 2005
Farmington Hills, MI 48333-2005
United States

Electronic Payer ID: HCCMI



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Sample