

## When you are faced with the unexpected, we are here to help.

If you need assistance, please contact the Claims Department at 440-922-5151.

### Before you start, you will need:

- Policy Number
- Policyholder's Name and Address
- Policyholder's Date of Birth
- Policyholder's Phone Number

### To file a claim, you will need:

- Patient/Claimant's Name
- Patient/Claimant's Date of Birth
- Patient/Claimant's Relationship to the Policyholder
- Supporting Documents

### Please obtain the following supporting documents if applicable to your claim:

- Accident Claim Form** (download and print if mailing or faxing your claim)
- Physician's Statement** completed by the physician (download and print)  
*If you are not able to have this form completed and signed by a physician, a copy of the complete medical records (available from the medical facility) indicating the cause and treatment of the accidental injury must be submitted. Please do not send patient discharge instructions.*
- Complete, itemized hospital bill** listing the daily room charges (for inpatient hospitalizations) and emergency room charges
- X-ray report(s) or medical records** (MRI, CT scan, etc.) diagnosing the fracture(s)
- Ambulance bill**
- Operative Report** (if the policy includes a Surgery Benefit)
- Itemized physical therapy bills**
- Accident and police reports**
- Alcohol and toxicology reports**
- Applicable medical records/reports** for other benefits that may apply (Dismemberment, Paralysis, Dislocation, Concussion, Coma, etc.)  
*Please refer to your policy for specific benefits as these may vary*
- Lodging statement or invoice** that includes the room charges for each day
- Any other **itemized medical bills, medical records, or supporting documents**

### Accidental Death Claims also require:

- Original, certified death certificate** (must be submitted by mail only)
- Autopsy report and certified copy of the coroner's report**
- News articles and reports**

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## Please obtain the following supporting documents if applicable to your claim:

### 1. First Occurrence Claim (File when first diagnosed with internal cancer.)

- First Occurrence Cancer Claim Form** (download and print if mailing or faxing your claim)
- Physician's Statement** completed by the physician (download and print)
- Pathology Report** with the positive cancer diagnosis
- Medical records** for a clinical diagnosis of cancer (examples include results of a CT scan, MRI, or ultrasound, and consultation reports of the cancer diagnosis and treatment)
- Biopsy/surgery bill** from the surgeon's office (this should include the five-digit CPT medical billing code)

### 2. Cancer Claim (File after the First Occurrence claim and for skin cancer.)

- Cancer Claim Form** (download and print if mailing or faxing your claim)
- Physician's Statement** (download and print)
- Complete, itemized hospital bill**
- Surgery bill** from the surgeon's office (this should include the five-digit CPT medical billing code)
- Pathology Report for each surgery**
- Itemized chemotherapy/radiation bills**  
*This should include the patient's name, drug name, charges/cost and the dates of each treatment or the dates the prescriptions were filled.*
- Pharmacy and prescription bills/receipts**  
*This should include the patient's name, drug name, charges/cost and the dates of each treatment or the dates the prescriptions were filled.*
- Any other **itemized medical bills, medical records, or supporting document**

### **Transportation and Lodging Claim:**

- Travel log form** (download and print)
- Medical records** for the consultation visit
- Itemized medical bills** for the consultation visit and/or treatments
- Lodging statement or invoice** that includes the room charges for each day (for inpatient hospitalizations only)
- Flight/itinerary invoices**

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**Please obtain the following supporting documents if applicable to your claim:**

**Heart or Stroke Claim**

- Heart Claim Form** (download and print if mailing or faxing your claim)
- Physician's Statement** completed by the physician (download and print)
- Medical records** with the heart disease, heart attack or stroke diagnosis  
*Examples include a catheterization report, medical test results, hospital admission and discharge summaries, or MRI and CT scan reports, These can be obtained from the diagnosing/treating physician or the facility's medical records department.*
- Complete, itemized hospital bill** listing the daily room charges
- Ambulance bill**
- Surgery bill** from the surgeon's office (this should include the five-digit CPT medical billing code)
- Itemized physical therapy bills**
- Any other **itemized medical bills, medical records, or supporting documents**

**Transportation and Lodging Claim:**

- Travel log form** (download and print)
- Medical records** for the consultation visit
- Itemized medical bills** for the consultation visit and/or treatments
- Lodging statement or invoice** that includes the room charges for each day  
(for inpatient hospitalizations only)
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**Please obtain the following supporting documents if applicable to your claim:**

- ICU Claim Form** (download and print if mailing or faxing your claim)
- Physician's Statement** completed by the physician (download and print)
- Itemized hospital bill** listing the daily room charges
- Ambulance bill**
- Accident and police reports**
- Alcohol and toxicology reports**

**Accidental Death Claims also require:**

- Original, certified death certificate** (must be submitted by mail only)
- Autopsy report and certified copy of the coroner's report**
- News articles and reports**