

## **CLAIM FILING INSTRUCTIONS**

1. Parent or guardian must complete claim form in full, unless student is 18 years old or older.
2. Attach current itemized physician, hospital, or other providers' bills standard insurance billing form: HCFA 1500 from physician or UB 92 from hospital. These forms must show the following:
  - Patients Name
  - Condition/Diagnosis
  - Type of treatment
  - Date expense incurred
  - Charges
3. Your coverage is an excess policy unless there is no other insurance in place. Attach the primary carrier's Explanation of Benefits (EOB) showing payment or denial of each bill. "Primary Carrier" would include any and all other coverage that a participant may have.
4. To expedite proper processing, submit claim form completed in full along with the above documents to the following address:

### **SUMMIT AMERICA INSURANCE SERVICES**

PO BOX 25936

Overland Park, KS 66226

Phone: 877-246-6997

Fax: 913-327-7520