

GAGLIARDI INSURANCE SERVICES, INC.

IMPORTANT INSTRUCTIONS HOW TO FILE YOUR MEDICAL CLAIM

You have been provided with claim forms that are pre-filled with some of the important that is needed to process your claim efficiently. Please use only this form.

1. Part 1: Must be filled out completely.
2. Part 2: Must be completed if the claimant is a minor and must be fully filled out.
3. Part 3: Must be filled out if there is Primary Insurance - If there is no Primary Insurance- **“NO” MUST BE CHECKED OFF AND SIGNED TO AVOID ANY DELAY IN PAYMENT**.
4. Include all itemized bills for related medical expenses being claimed. These bills must show the patients name, condition being treated (diagnosis), type of treatment received, date the expense(s) was/were incurred.
5. If you have already paid the bills please include a receipt or proof of payment.
6. A deductible will apply to each claim.
7. A League Representative, Promoter or Insurance Coordinator **must** sign Claim Form in line 22.
8. Claimant/injured participant **must** visit a provider within **30** days from the date of the event. Failure to do so will result in claim denial.

NOTE:

This coverage is in excess of all other group medical coverage. Please complete, in full, the attached **Other Insurance Inquiry (Part 3)** and provide copies of the other insurance's **Explanation of Benefits** for each corresponding Itemized Bill. If there is no other insurance please specify this in that area (check “No”). **In order to consider benefits we need HCFA/UB billing forms (diagnosis codes, procedure codes and the provider's tax id number)**. Failure to provide this form, completed in its entirety, will delay claim processing.

****Complete policy details are available upon request****

Mail **FULLY COMPLETED** Claim Form to:

HSR – Health Special Risk, Inc.
HSR Plaza II
4100 Medical Parkway
Carrollton, TX. 75007
Toll Free (866) 345-0974
Fax (972) 512-5820

For questions, inquiries and/or status of your claim, call (866) 345-0974