

..... YOU'VE HAD AN **ACCIDENT**

NOW WHAT?



- Following an accident, you **MUST** receive initial care within the time frame shown in your policy (see "Eligibility and Claims Process")
- The injury must be due solely to an accident while this policy is in force
- File the claim within **120 days*** of the accident or related service
* *Timeframe differs in certain states - refer to your policy*

OBTAIN A CLAIM FORM!



Call:
888-575-8246



Download:
www.YourLifeSecure.com
Login to Policyholder Portal;
Go to "How to File a Claim"



BE SMART!

Fill out the claim form properly.

- Make sure you have the right documents.
Are you missing any EOBs & matching itemized bills for any treatment? If so, contact the facility and insurance carrier.
- Section E must be signed and dated by the Physician who provided initial care for the accident. If you are submitting the Physician's Report with notes, Section E can be skipped.

START GATHERING INFORMATION.

See the back for very helpful tips.

For each physician/facility/service provider, you will need to submit:



Explanation of Benefits (EOB) from your primary insurance provider for each itemized bill. Why? We need to review any provider discounts that may have been applied to your claim.



Copies of all itemized bills (may also be referred to as detailed invoice) from the hospital, doctor, urgent care or accident service provider. You may need to specifically request such copies from your provider.



Medical notes & records (may also be referred to as Physician's Report with notes) so that we can confirm that your treatment was related to an accident. **NOTE:** required only if Physician is not completing Section E of the Claim Form.

SUBMIT YOUR CLAIM



Send Electronically:
Login to Policyholder Portal (select "Policyholders" from the login menu) and click on the "Submit Claim Documents" button.



Fax:
877-226-7315



Mail:
LifeSecure Insurance Company
ATTN: Claims Department
P.O. Box 0042
New Hudson, MI 48165-0042

IMPORTANT INFORMATION:

- You don't need to wait until all EOBs & itemized bills are received. Begin sending your claim documents as soon as possible.
- If all claims forms and other paperwork are filled out completely and there are no outstanding issues, claims will be processed in most cases within **15 business days**. *Missing or incorrect information could cause delays.*
- Refer to your actual Accident insurance policy or certificate for more complete language regarding benefit eligibility and the overall claims process.

HELPFUL HINTS

EOB

The first statement you are likely to get is an Explanation of Benefits (EOB) from your health (or other) insurance company. This will tell you the total amount being charged for the services received, the amount your insurer is paying, and the amount you owe in deductibles and co-payments.

If you don't receive an EOB, contact your insurance carrier.

ITEMIZED BILL/ DETAILED INVOICE

Ask your physician and any other treating facility or service provider (ER, hospital, urgent care) for a detailed invoice. If charges are grouped together in broad categories— for example, all lab tests or x-rays are grouped under one charge — we will not be able to determine benefits. Ask for an itemized (detailed) bill which lists each service, procedure and charge separately.

BlueCross BlueShield Association
Explanation of Benefits (EOB) - This is not a bill!
12-12-01

ANTHONY DOE
100 BLUEBIRD LANE
CHICAGO, IL 60601-7332

Customer Service: 1-800-123-4567
VISIT your local plan website

Member Information
Member Name: ANTHONY DOE
Group No.: ABC12345678
Identification No.: 1234567890123456
Claim No.: 2020000000000
Patient Name: ANTHONY DOE

Summary
Total Bill: \$45.00
Total Benefits Approved: \$16.20
Amount You May Owe Provider: \$1.80

The following shows how this claim was adjusted:

Service Description	Service Date	Amount Billed	Net Covered	Covered
IMAGING RADIOLOGISTS LLC Medical X-Ray	11-14-01	43.00	27.00 (63)	18.00
Totals		\$45.00	\$27.00	\$18.00

Coverage Information

	\$45.00	\$27.00	\$18.00
Totals	\$45.00	\$27.00	\$18.00
PARTICIPATING PROVIDER OPTION (PPO REDUCTION)			-\$27.00
Deduction			
Year 1 PPO Coinsurance Amount		1.80	\$1.80
Total Deductions			\$1.80
Total Benefits Approved			\$16.20
Amount You May Owe Provider			\$1.80

Total covered benefits approved for this claim: \$16.20 to IMAGING RADIOLOGISTS LLC on 12-12-2011.

A Division of Health Care Service Corporation, A Mutual Legal Reserve Company, An Equal Opportunity Employer of the Blue Cross and Blue Shield Association

151,247 002573

SUMMARY BILL

Guarantor: [Name]

Pat: [Name]

Account Class: Inpatient

Admission Date: 04/20/2014

Discharge Date: 04/24/2014

Federal Tax ID: [Number]

Charges	Rev/Proc Code	Description	Qty	Amount
0200		R&B SEMIPRIVATE (MEDICAL OR GENERAL)	3	3,542.00
0200		INTENSIVE CARE GENERAL	1	4,284.00
0200		PHARMACY - GENERAL	129	6,021.14
0270		MEDICAL/SURGICAL SUPPLIES AND DEVICES	77	7,363.04
0300		LABORATORY - GENERAL	79	6,372.00
0320		RADIOLOGY DIAGNOSTIC	3	348.00
0380		COMPUTER TOMOGRAPHIC (CT) SCANS - GEN	5	6,488.00
0380		OPERATING ROOM SERVICES - GENERAL	9	7,233.00
0370		ANESTHESIA GENERAL	54	3,788.00
0410		RESPIRATORY SERVICES GENERAL	2	1,401.00
0420		PHYSICAL THERAPY GENERAL	7	897.00
0430		OCCUPATIONAL THERAPY GENERAL	3	448.00
0440		SPEECH/LANGUAGE PATHOLOGY GENERAL	4	693.00
0450		EMERGENCY ROOM GENERAL	4	3,879.00
0460		PULMONARY FUNCTION GENERAL	3	451.00
0630		DRUGS REQUIRING SPECIFIC IDENTIFICATION	147	1,128.99
0990		TELEPHONE/TELEVISION/FOOD/GUEST/TBIST	6	28.50
Total hospital charges:				54,036.67
Professional Charges:				
040014	31560	ENDOTRACHEAL INTUBATION EMERG PROCED	1	182.00
040014	70480	CT HEAD W/O CONTRAST	1	177.00
040014	70486	CT MAXILLOFACIAL AREA, W/O CONTRAST	1	103.00
040014	71010	GUEST SINGLE W/O CONTRAST	1	177.00
040014	72125	CT CERV SPINE W/O CONTRAST	1	85.00
040014	74177	CT ABD & PELVIS W/ CONTRAST	1	264.00
040014	96285	EMERG EVALUATION & MGMT SERV LEVEL V	1	277.00
040218	70486	CT HEAD W/O CONTRAST	1	177.00
0402114	71010	CHEST SINGLE W/O	1	17.00
0402114	96233	SUBSTANT HOSP CARE PER DAY HIGH MDM	1	143.00

Shows total number of procedures and charges grouped on a single line.

DETAILED INVOICE

Pat: [Name]

Admission Date: 04/20/2014

Discharge Date: 04/24/2014

Qty	Rev	Proc Code	Description	Amount
1	040014	0270	GLOVE,STERILE,LAT,TRAUOCH 5,SIZE 8.5, 4	2.90
1	040014	0270	CROWN,ROBE,LATEX,12X18, W/WRIST 1	1.69
4	040014	0270	HOOK,URN,ELASTIC,RESPONSABLE,YELLOW, 4	49.84
4	040014	0270	IRONATOR,ENGLORAN,SCODUM,CHLORINE,1	39.20
5	040014	0270	KIT,SURGICAL,HEMOSTATIC,THROMBOP,PLUS	1,327.40
1	040014	0270	MELNID,IRASID,LEUP,4,8,10,10M	705.00
1	040014	0270	PACK,CRAANIOTOMY,30205	220.00
2	040014	0270	PAD,MINI,BOARD,CONVOLUTED,31143487	6.00
1	040014	0270	PREF,OPRAT,CRANIUM,DISP,SMALL,14MM, 1	258.00
1	040014	0270	PREF,OPRAT,CRANIUM,DISP,SMALL,14MM, 1	6.50
1	040014	0270	PROTECT,OR,PINK,LEAFER,NERVE,31143085, 1	8.74
1	040014	0270	ROUTER,F,APR,RED, M,EXDM 1,7X19MM,5, 1	140.00
1	040014	0270	STAPLER,ROBE,BINET,054006	18.79
1	040014	0270	SURG,FOAM,ABSORBIBL,2,G,LATIN,SPONGE, 1	41.52
1	040014	0270	SUTURE,NURON,COATED,IR,RA,0.6,100D, 4	69.96
1	040014	0270	SUTURE,NURON,COATED,IR,RA,0.6,100D, 1	21.38
1	040014	0270	SUTURE,NURON,COATED,IR,RA,0.6,100D, 4	69.96
1	040014	0270	SYRINGE,ONLY,CATHETER,TP,90,ML,30G, 1	183.00
1	040014	0270	TRAY,2,GENL,ANESTH,SUPP,	294.00
1	040014	0270	TRAY,2,GENL,ANESTH,SUPP,	183.00
2	040014	0278	PLATE,3D,BX,LOW,PROFILE,CMP,APPLICAT, 2	654.00
2	040014	0278	PLATE,BUR,NABLE,COVER,LOW,PROFILE,1AB, 2	850.00
1	040014	0278	PLATE,X,LOW,PROFILE,CMP,APPLICATION, 1	304.00
18	040014	0278	SCRIB,SELF,DRILL,CROSS,PLASTFANBAR, 18	2,222.00
1	040014	0300	BASIC,METABOLIC,PANEL, 1	109.00
1	040014	0300	DRUG,SCREEN, 1	113.00
9	040014	0300	DRUG,SCREEN,EACH,CLASS, 9	408.00
1	040014	0300	URINAL,TBS,W/MICROSCOPY, 1	51.00
1	040014	0300	ALCOHOL,ETHYL, 1	137.00
1	040014	0300	SGOT, 1	74.00
1	040014	0300	SGPT, 1	117.00
1	040014	0300	CRC,WDFP,1&PLATELT, 1	50.00
1	040014	0300	PRD,TIME, 1	89.00
1	040014	0300	PFT,PARTIAL,THRUMBIO,TIME, 1	87.00
1	040014	0300	COOMBS,INDIRECT, 1	87.00
1	040014	0300	TYING,PHIO,DI, 1	48.00
1	040014	0300	TYING,PHIO,DI, 1	38.00
1	040014	0300	GIEST,SINGLES,W, 1	195.00
1	040014	0350	CT,ABD & PELVIS,W/ CONTRAST, 1	1,080.00
1	040014	0351	CT,HEAD,W/O, 1	1,543.00
1	040014	0351	CT,MAXILLOFACIAL,AREA,W/ CONTRAST, 1	1,087.00
1	040014	0352	CT,CERV,SPINE,W/ CONTRAST, 1	978.00
1	040014	0360	STAND,DR,EA,ADD,1/2,HR, 6	5,040.00
1	040014	0380	STAND,DR,OR,90,MIN, 1	1,716.00
26	040014	0370	ANESTH,OPEN,HEAD,SURGERY, 26	1,978.00
9	040014	0370	ANESTH,5,10,MINUTES, 9	621.00

Shows each specific procedure and charge on a separate line.

PHYSICIAN'S REPORT/ MEDICAL NOTES & RECORDS

These records and notes help us identify if the treatment was related to an accident. For example, CT scans can be done on the abdomen for appendicitis or for accident trauma.

MATCH

EOB + INVOICE FOR EACH DATE

MEDICAL HISTORY
PATIENT NAME: Jana A. Valenta Today's Date: 9-25-12

CHIEF COMPLAINT: Following recent fall, my abdomen became painful, swollen, and tender. I was unable to walk and had to be hospitalized. I was diagnosed with a small bowel perforation and underwent surgery. My abdomen is still tender and I have not returned to my normal diet.

PRESSENT ILLNESS: Abdominal pain in RL-Q, worse with walking, worse with meals. Pain started 2 days before admission. Pain is 8/10, constant, and not relieved by Tylenol. I was hospitalized for 7 days. I was diagnosed with a small bowel perforation and underwent surgery. My abdomen is still tender and I have not returned to my normal diet.

EAST MEDICAL HISTORY: None

ALLERGIES: None

SOCIAL OR PERSONAL HISTORY: None

FAMILY HISTORY: None

REVIEW OF SYSTEMS: Normal

PHYSICIAN: [Signature]