

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:

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