

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**