

FAST TRACK CHECKLIST

Use this checklist to make sure you have provided everything to keep your Hospital Indemnity claim on the ***FAST TRACK***.

I have completed the claim form in full.

You can avoid delays in claim processing by completing the required information on the claim form.

I have completed the signature field on the first page of the claim form.

Please sign and date in the space provided near the bottom of the claim form to verify all statements on the form are complete and true.

I have signed and dated the "Authorization for the Use and Disclosure of Protected Health Information" document.

I have provided the name and address of any physician who treated me in the year prior to my policy effective date.

This is needed only if you were hospitalized in the first year of coverage.

I have included copies of the itemized bills needed to support my claim. If I received treatment at a Veterans Administration Hospital, I have provided the admission/discharge paperwork and/or daily progress notes in place of an itemized bill.

I have verified that my itemized bills include the dates of service, description of services provided, the charged amount, the diagnosis for the treatment provided, and the medical coding associated with my treatment.

Please note: If required information is omitted, this may result in a delay in the processing of your claim. Should you have questions, please feel free to call a claims representative at 877-883-8800. Please allow up to 30 days for claims processing.