

HOW TO FILE A CLAIM FOR ALLSTATE HOSPITAL COVERAGE

- Obtain a claim form from Ni’Cole at US Enrollments at 1-561-620-0064 x-23663

IF YOU WERE CONFINED TO THE HOSPITAL FOR 24 HOURS OR LONGER OR HAD AN OUTPATIENT SURGICAL PROCEDURE IN AN AMBULATORY SURGICAL CENTER:

- Page 1, POLICYHOLDER and patient information must be completed.
- Put your policy number in the open blank to the right. If you do not have your policy #, we will put in that information for you.
- WE MUST HAVE A DIAGNOSIS code on the bill for the claim to be paid. We must have a detailed bill from the hospital INCLUDING A DATE OF ADMISSION, DATE OF DISCHARGE AND DIAGNOSIS. The hospital bill is called a UB04.
- If you are able to get the UB04 your doctor DOES NOT have to complete page 2 physician statement.
- You must sign, date and put your current address on Page 3 of the claim form.

FOR OUTPATIENT PHYSICIAN’S RIDER (DOCTOR VISIT REIMBURSEMENT)

- Page 1, POLICYHOLDER and patient information must be completed.
- Page 2, you must sign, date and put you current address
- You may fax a copy of the HICFA or itemized bill from your doctor visit to 561-923-9374. If you have your policy #, please include it on the invoice.

**IF YOU ARE OUT OF WORK, IT IS YOUR RESPONSIBILITY TO CONTINUE TO PAY THE PREMIUM
DUE ON YOUR POLICY.**

PLEASE CALL WITH ANY QUESTIONS YOU MAY HAVE AT 1-561-620-0064 x-23663

YOU MAY FAX THE COMPLETED FORM AND BILLS TO 1-561-923-9374, email to

nwoods@usenrollments.com or mail to:

**US Enrollments
Attn: Ni’Cole Woods
700 W. Hillsboro Blvd. Suite 2-102
Deerfield Beach, FL 33441**

**DON’T FORGET THAT THERE MUST BE A DIAGNOSIS ON THE CLAIM FORM, BILL OR A
STATEMENT ON THE DOCTOR’S LETTERHEAD THAT LISTS THE DIAGNOSIS-IN ORDER
FOR ANY CLAIM TO BE PAID.**