

HOW TO FILE A CLAIM ON YOUR VOLUNTARY TRUSTMARK ACCIDENT POLICY

ACCIDENT POLICY

- Obtain a Trustmark Accident claim form from Benefits Technologies 1-561-620-0064 x-3663

MEDICAL EXPENSES

- Section A -Place your policy number in the open space. If you do not have your policy #, we will put in that information for you.
- Section A, Policyholder and patient information must be completed as well as address and other information such as date of birth and social security number.
- Section B – the date and the accident description must be completed. Please give details as to how the injury occurred as well as doctor and hospital information if applicable.
- Signature of claimant – please be sure to sign at the bottom of page 1.
- Page 2 – Attending Physician – this is only needed if you have a fracture, laceration or burn. Otherwise you may disregard this page.
- Include ALL medical bills – no statement of accounts or EOB's from your health insurance will be accepted. WE MUST HAVE procedure codes and / or a diagnosis code on the bill for the claim to be paid. If you were hospitalized, 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.
- You do not need to get the physician to fill out the physician's statement (Section C) if you are able to get diagnosis codes on your hospital bill. Please leave this portion blank.
- **Important** - You must sign, and date the disclosure statement (page 3) of the claim form. This is in case the insurance company needs to request medical records from the facility.

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-3663.
YOU MAY FAX THE COMPLETED FORM AND BILLS TO 1-561-620-6264 or e-mail to Nicole.woods@bentecllc.com or mail to:

Benefits Technologies
2300 NW Corporate Blvd.
Suite 215
Boca Raton, FL 33431

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.