

## How to file a Medical Claim

Attached is a claim form for your accident policy.  
Please forward claims and questions to the following address:

Administrative Concepts, Inc  
P.O. Box 4000  
Collegeville, PA 19426-9000  
Phone: 888-293-9229  
Fax: 610-293-9299  
Email: [aciclaims@acitpa.com](mailto:aciclaims@acitpa.com)  
[www.acitpa.com](http://www.acitpa.com)

**Step 1: Submit a completed Notice of Claim (claim form) via either by mail or by facsimile.**

**The Participating Organization (not the Parent, Claimant or Agent) should:**

- Fully answer each item in Part I, The Policyholder's Report.

**The Adult Claimant or Parent/Guardian should:**

- Fully answer each item in Part II, Other Insurance Statement.
- Review Authorizations
- Read the fraud warning statement on page 2 and sign where indicated on the bottom of the Claim Form.

**Step 2: Submit itemized medical bills for payment consideration to our office. If other insurance exists, include the other insurance company's corresponding Explanation of Benefits (EOBs).**

### Helpful information for submitting claims and expediting payment.

- A fully completed Claim Form is required for each accident/injury. Claims submitted with incomplete information will not be paid pending receipt of the missing information.
- The acceptance of a claim form by an Insurance company is not an admission of coverage
- Providers may wish to bill us directly. If they do, please ensure a completed claim form has first been submitted to our office.
- In order to ensure we receive complete claim information, we suggest providers submit standardized billing statements (called "UB-04" for hospital charges and/or a "CMS-1500" for Physician Charges).
- Unless proof of payment is submitted with the medical bill (a copy of the check, a medical bill that indicates the claimant has made all or partial payment or zero balance information) claim payment is generally sent directly to the medical providers.