

# CONSOLIDATED SERVICES, INC.

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IF YOU NEED ASSISTANCE  
IN OBTAINING DOCUMENTATION FOR YOUR CLAIM,

**PLEASE CALL US**

## **Filing Suggestions for accidental injury claim where there has been NO DISABILITY**

Your employer has made voluntary insurance protection available so that the benefit will be paid directly to you, not the medical provider.\* This is not a major medical plan and is not intended to be a substitute or replacement for your individual or group health plan coverage. You may spend your benefit dollars however you need to.

\* Benefits are made payable to you, unless you request payment be made to the provider instead. Benefits may be claimed based on the nature of the injury and related services required. Policyholder disability may also apply, depending upon the coverage you selected when you enrolled in the program.

**C**omplete page 1 and page 2 of claim form. (Pages 3 and 5 are not required unless there is a claim for total disability.)

**Submit supporting documentation, to maximize benefits payable to you:**

- ✓ **Copy of itemized billing statements\* WITH PROCEDURE CODE #'S** showing actual charges for such expenses as physician's services, surgery, stitches, physical therapy, x-rays, ambulance, and/or hospital expenses.
- Copy of radiologist's report diagnosing fracture or dislocation.
- If a surgery was required, include a copy of the physician's post-operative report.
- Insurer may request a copy of police report if claim is result of a vehicular accident. Do not submit a copy unless the insurer asks for one.
- ✓ If the insurer requests more documentation to help pay your claim, please respond as quickly as possible.

**\*To request itemized billing statements:** Your physician's office should be able to send you a copy of a HCFA-1500 billing statement. When submitting hospital charges, request a UB-92 statement.

If your physician or the hospital asks if this is for another health plan, the answer would be "No". You need these forms so that you can file a claim on your personal supplemental health policy.

### **Suggestions:**

- Claims may be submitted directly to the insurer. Address and fax number are on the claim form.
- Or, you are welcome to send your claim to us, CONSOLIDATED SERVICES, for review, then we'll submit it for you.
- If you need assistance in obtaining claim documentation, please contact us for help: 816.524.5100 or [csibenefits@kc.rr.com](mailto:csibenefits@kc.rr.com)

### **Final Notes:**

- ♥ File your own claims. Unless you request otherwise, your benefit payment will be sent directly to you, not the physician, hospital or clinic.
- ♥ Copies of your itemized medical bills or medical records may be obtained by calling the provider, such as the hospital, doctor's office or ambulance service. Any cost involved in obtaining the requested medical information is your responsibility. If you request the records yourself and ask that those records be sent directly to your home address, often the provider will provide them as a courtesy (at no charge) to the patient.
- ♥ Write your policy number on every piece of documentation.
- ♥ You are not required to send all medical bills in at the same time. Generally, the insurer will accept copies of your bills and/or medical records. It is always a good idea to keep a copy for yourself, too.
- ♥ If you have any questions on how your claim was paid, don't hesitate to ask your agent/representative to look into the matter for you.