

CONSOLIDATED SERVICES, INC.

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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.**

CANCER TREATMENT BENEFIT:

- Include pathology report indicating the initial diagnosis of the cancer malignancy. A new pathology report should be submitted with each subsequent cancer surgery claim.
- Attach copies of all itemized billing statements which may include: diagnostic testing, hospital, doctor, drugs and medicines, surgery, anesthesia, out-patient treatment and ambulance charges.

We suggest that each time your health insurer provides you with an Explanation of Benefits, that you contact that provider to request an itemized billing statement to include insurance code numbers (this statement is not usually provided to the patient unless the patient makes the request). Request a UB-92 from the hospital, and/or HCFA-1500 billing statement from the physician/provider. Also some patient and family travel expenses may be claimed (see your policy or outline of coverage for details).

- Physician should complete ATTENDING PHYSICIAN'S STATEMENT, as requested on claim form. The statement may not be required if already completed for Cancer Initial Diagnosis claim.
- Waiver of cancer premium may also apply if primary insured is the patient. (Waiver of premium means that there will be no charge for your cancer insurance coverage while you are totally disabled due to cancer. See your policy or outline of coverage for details.)

CANCER INITIAL DIAGNOSIS BENEFIT payable upon initial diagnosis of cancer (other than skin cancer):

- Include a copy of the pathology report diagnosing the cancer malignancy.
- Physician should complete ATTENDING PHYSICIAN'S STATEMENT, as requested on claim form.

SPECIFIED DISEASE BENEFIT:

- Include copy of physician's medical and/or pathology report,
- Physician should complete ATTENDING PHYSICIAN'S STATEMENT, as requested on claim form, and
- Attach copies of itemized bills which, include dates of service, diagnosis codes, procedure codes, charges and providers names.

HOSPITAL INTENSIVE CARE UNIT BENEFIT (*does not include lesser treatment units such as surgical recovery rooms and private monitored rooms*):

- Include copy of itemized hospital billing statement, including number of hours or days patient confined in intensive care unit for **accidental injury or sickness**. If applicable, this benefit will be paid in addition to those listed, above.
- If an ambulance was used, include copy of billing statement for additional benefit payment.
- Physician should complete ATTENDING PHYSICIAN'S STATEMENT, as requested on claim form.

*Benefits will be made payable to the insured, unless insured assigns benefits to someone else.

DO NOT FILE YOUR CLAIM UNTIL YOU READ THESE IMPORTANT NOTES:

- You can usually file your own claims much quicker than the provider will.
- 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 Doctor will provide them as a courtesy (no charge) to the patient.
- You are not required to submit all of your billing statements at the same time. Your benefits will be paid to you as you submit your claim documentation.
- **Write your policy number on each piece of claim documentation you submit.** Generally, the insurer will accept copies of your bills and/or medical records. ALWAYS keep a copy of what you submit for your record.
- **Mail all claims directly to the insurer,** not the agent. The insurer's address is on the front of the claim form.
- Insurer may request additional information to help process your claim. Please respond as quickly as possible.
- Your coverage will continue, even if you have significant claims, unless you request cancellation or quit paying for your coverage.