Claim Filing Instructions

1. As soon as a covered injury occurs, please complete the claim form in its entirety and mail to the address printed on the claim form: ATTN: SUPPLEMENTAL ACCIDENT UNIT, THE LOOMIS COMPANY, P.O. BOX 14162, READING, PA 19612-4162. (Claim form must be completed in its entirety and submitted within 90 days (whether there is a Primary Insurance or not) in order to be eligible for processing/payment). The sooner a claimant is in our system, the sooner we can assist with questions and accept medical bills. Submitting a completed claim form immediately following a covered injury is very important.

2. If there is Primary Insurance, please also submit the claim to the primary insurance company. After the primary insurance has paid benefits, please mail ALL Explanation Of Benefits (EOB’s) statements from the Primary Insurance and any outstanding provider bills (Provider Bills must be UB04 (previously UB92) or CMS 1500 (previously HCFA 1500) billing forms only – these are universal billing forms supplied by the provider – a balance due statement is not acceptable) to:

ATTN: SUPPLEMENTAL ACCIDENT UNIT
THE LOOMIS COMPANY
P.O. BOX 14162
READING, PA 19612-4162

PLEASE INDICATE YOUR 2008-2009 ACCIDENT POLICY # ON ALL CORRESPONDENCE YOU ARE MAILING.

3. The Loomis Company EOB/Additional Information Request Statements will be mailed to the injured person, unless otherwise requested by the Policyholder. If you would like copies of all correspondence mailed to one school contact, please make this request to your insurance agent and provide him or her with the school contact name and mailing address. Please allow up to 4 weeks for this request to be expedited.

4. It is vital that you have submitted ALL necessary information in order to get a claim processed quickly and efficiently. Therefore, please take the time to make sure you have everything on the CLAIM SUBMISSION CHECKLIST. You will find this checklist on the bottom of the front page of your claim form.

5. From the date you mailed your claim, please allow up to 10 days for The Loomis Company to process your claim and get it into their system. After the 10 days you may call (866) 915-6618 to check status on your claim. When calling, please have ready the following: Claimant’s Name & Social Security Number, 2008-2009 Accident Policy Number, and the Date of Injury.

(See Other Side)
You may also check status of your claims online at www.loomisco.com 24 Hours-a-day, 7 days-a-week. You must have a Username and Password to access online claims. (Please request a Username and Password from your insurance agent).

6. If you are having a claim problem, please notify your insurance agent and inform them of the problem. We will work to correct the problem immediately.

7. Additional claim filing suggestions:

(a). Submit a claim form on an injury even if you do not anticipate the expense to exceed the policy deductible. The claim may still be eligible for applicable discounts which could benefit the school’s paid claims totals.

(b). Please advise ALL Medical Providers your institution deals with that this is a supplemental policy purchased by your institution. Please inform the providers they may submit claims to THE LOOMIS COMPANY for “secondary claims consideration” by mailing to:

ATTN: SUPPLEMENTAL ACCIDENT UNIT
THE LOOMIS COMPANY
P.O. BOX 14162
READING, PA 19612-4162

(c). We prefer claims NOT be faxed when submitting, however, if absolutely necessary, you may fax to: (610) 373-9707

When faxing, you MUST include a cover sheet addressed: Attention: Supplemental Accident Unit.

(d). To prevent your claims from being denied for Untimely Filing, you must have all Primary EOB’s (if any) and provider bills submitted within 12 Months of the Date of Service.

8. One additional step you can take is to notify your preferred healthcare providers that your institution carries a Supplemental Accident Insurance Policy for your covered students. Provide those providers with the billing address below and instruct to submit bills directly to The Loomis Company at the following address for Secondary or Primary Consideration depending upon the student’s personal insurance situation.

ATTN: SUPPLEMENTAL ACCIDENT UNIT
THE LOOMIS COMPANY
P.O. BOX 14162
READING, PA 19612-4162