

HOW TO SUBMIT A CLAIM

Listed below are important instructions and comments about filing a claim.

YOUR CLAIM FORM

1. This claim form should be fully complete and submitted within 90 days from the date of injury. Be sure to answer and complete the section regarding “**OTHER INSURANCE STATEMENT**”, marking either yes or no and signing the line for authorization so that **HSR** and the doctors/hospitals may communicate concerning your claim.

Incomplete claim forms are one of the most frequent reasons why claim payments are delayed.

2. The claim form must be signed by a policyholder representative (i.e. council, leader).
3. Only one claim form for each accident needs to be submitted.
4. Once completed, make a photocopy for your records and mail to the address shown below.
5. **DO NOT** assume that anyone else will mail this claim form to **HSR** for you.

YOUR BILLS

1. Please advise all doctors/hospitals regarding this coverage so they may forward their itemized bills to us.
2. If you have already been to the doctor/hospital and did not know about this coverage, please send all of the itemized bills you receive to **HSR** at the address shown below.
3. The bills should include the name of the doctor/hospital, their complete mailing address, telephone number, the date you were seen by the doctor/hospital, what the doctor saw you for and the specific itemized charges incurred.
4. If this information is not on the bill when you send it to us, we will have to contact the doctor/hospital which will delay the review of your claim. “Balance Due” statements do not contain sufficient information to complete your claim. Mailing **HSR** “Balance Due” statements will only delay the processing of your claim.

EXCESS INSURANCE

The policy is excess to any other available source of medical benefits. This means that you must file your bills through your primary, or personal, insurance carrier prior to this policy responding. When your primary insurance company processes the charges, they will send you an Explanation of Benefits, or “EOB”. You must forward a copy of the Explanation of Benefits for EACH CHARGE.

If you have any questions, please contact Customer Service from 8:00 AM thru 5:00 PM, Monday – Friday at (866) 726-8870 or via e-mail at boyscouts@hsri.com. You may also forward any documents by fax to (972) 512-5820.

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