

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

YOUR CLAIM FORM

1. This claim form should be fully completed and submitted within 90 days from the date of injury. Be sure to sign the line for authorization, so that **HSR** and the doctors/hospital may communicate concerning your claim if needed. The claim form requires the signature of the policyholder representative. This signature is verification that the claimant was covered at the time of the accidental injury.
2. Only one claim form for each accident needs to be submitted.
3. Once completed, make a photocopy for your records, and mail to the address shown below.
4. DO NOT assume that anyone else will mail this claim form to **HSR** for you.

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

YOUR BILLS

1. Please advise all doctors/hospitals regarding this coverage so they may forward us their itemized bills.
2. If you have already been to the doctor/hospital and did not know about this coverage, then please submit your itemized bills to **HSR** at the address 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 your claim will be denied for the missing information. "Balance Due" statements do not contain sufficient information to complete your claim. Ask your physician or hospital to provide you with a HCFA1500 or UB04 to avoid delays.

PRIMARY INSURANCE

1. This policy provides coverage on a primary basis. If you have any other insurance coverage you need to send the bills to **HSR** first.
2. **HSR** will process benefits on a primary basis, after which you may submit a claim to your secondary carrier.
3. Your secondary insurance will require a copy of our Explanation of Benefits (EOB) which you will receive from **HSR** letting you know what was paid or denied, and the reason(s) why.
4. Your secondary carrier will not be able to consider your claim without this information.

If you have any questions, please contact Customer Service at (800) 328-1114. They are available from 8:00 a.m. thru 6:00 p.m., Monday – Friday. You may also forward any documents by fax to (972) 512-5820 or via email to claims@hsri.com.

Health Special Risk, Inc.
4100 Medical Parkway Suite 200
Carrollton, TX 75007