



..... YOU'VE HAD AN ACCIDENT NOW WHAT?



- You **MUST** receive initial treatment within **72 hours** of the accident
- The injury must be due solely to an accident while this policy is in force
- File the claim within **120 days** of the accident or related service *(In NC: 180 days)*

OBTAIN A CLAIM FORM!



Call:
888-575-8246



Download:
www.YourLifeSecure.com
Login to Policyholder Portal;
Go to "How to File a Claim"

START GATHERING INFORMATION.

See the back for very helpful tips.

For each physician/facility/service provider, you will need to submit:



Explanation of Benefits (EOB) from your primary insurance provider for each itemized bill. Why? We need to review any provider discounts that may have been applied to your claim.



Copies of all itemized bills (may also be referred to as detailed invoice) from the hospital, doctor, urgent care or accident service provider. You may need to specifically request such copies from your provider.



Medical notes & records (may also be referred to as Physician's Report with notes) so that we can confirm that your treatment was related to an accident. NOTE: required only if Physician is not completing Section E of the Claim Form.



BE SMART! Fill out the claim form properly.

- Make sure you have the right documents.
Are you missing any EOBs & matching itemized bills for any treatment? If so, contact the facility and insurance carrier.
- Section E must be signed and dated by the Physician who provided initial care for the accident. If you are submitting the Physician's Report with notes, Section E can be skipped.

SUBMIT YOUR CLAIM



Send Electronically:
Login to Policyholder Portal (select "Policyholders" from the login menu) and click on the "Submit Claim Documents" button.



Fax:
877-226-7315



Mail:
LifeSecure Insurance Company
ATTN: Claims Department
P.O. Box 1420
Brighton, MI 48116

IMPORTANT INFORMATION:

- You don't need to wait until all EOBs & itemized bills are received. Begin sending your claim documents as soon as possible.
- If all claims forms and other paperwork are filled out completely and there are no outstanding issues, claims will be processed in most cases within **15 business days**. Missing or incorrect information could cause delays.
- Refer to your actual Accident insurance policy or certificate for more complete language regarding benefit eligibility and the overall claims process.

HELPFUL HINTS

EOB

The first statement you are likely to get is an Explanation of Benefits (EOB) from your health (or other) insurance company. This will tell you the total amount being charged for the services received, the amount your insurer is paying, and the amount you owe in deductibles and co-payments.

If you don't receive an EOB, contact your insurance carrier.

ITEMIZED BILL / DETAILED INVOICE

Ask your physician and any other treating facility or service provider (ER, hospital, urgent care) for a detailed invoice. If charges are grouped together in broad categories— for example, all lab tests or x-rays are grouped under one charge — we will not be able to determine benefits. Ask for an itemized (detailed) bill which lists each service, procedure and charge separately.



SUMMARY BILL

Procedure Charge	Description	Quantity	Amount
1512	PHYSICIAN CARE GENERAL	1	8,000.00
1513	PHYSICIAN CARE GENERAL	1	8,000.00
1514	PHYSICIAN CARE GENERAL	1	8,000.00
1515	PHYSICIAN CARE GENERAL	1	8,000.00
1516	PHYSICIAN CARE GENERAL	1	8,000.00

DETAILED INVOICE

Description	Quantity	Amount
1512	1	8,000.00
1513	1	8,000.00
1514	1	8,000.00
1515	1	8,000.00
1516	1	8,000.00

MATCH

EOB + INVOICE FOR EACH DATE

Shows total number of procedures and charges grouped on a single line.

Shows each specific procedure and charge on a separate line.

PHYSICIAN'S REPORT / MEDICAL NOTES & RECORDS

These records and notes help us identify if the treatment was related to an accident. For example, CT scans can be done on the abdomen for appendicitis or for accident trauma.

