

CLAIM PROCEDURE

1. Obtain treatment from the nearest Doctor or Hospital. The Covered Person may choose any Doctor or Hospital, but using the Doctors and Hospitals available through the First Health Network (PPO) may decrease costs. For a complete listing of the PPO Doctors or Hospital facilities, call FHN at **1-800-226-5116** or access the internet website **www.myfirsthealth.com**
2. If a Covered Person goes to a Doctor's office or to the Hospital, the Covered Person should present his/her insurance identification card. Dependents covered under the plan do not receive separate ID cards and may use the covered student's ID card to obtain treatment. If the Doctor or Hospital needs to verify coverage, have them call Personal Insurance Administrators, Inc. at **1-800-468-4343**.
The Covered Person should carry his/her insurance ID card at all times.
3. Complete a claim form, which is available online at **www.renstudent.com/ciis**. The claim form must be complete and signed. Attach all itemized medical and Hospital bills.
4. Send claim form, bills and all other expenses to Personal Insurance Administrators, Inc. at:
Personal Insurance Administrators, Inc.
P.O. Box 6040
Agoura Hills, CA 91376-6040
Toll Free 1-800-468-4343
www.piaclaims.com
5. If a Covered Person has questions about the status of a claim after it has been submitted, please call Personal Insurance Administrators, Inc. at **1-800-468-4343**.

All hospital and medical bills must be submitted for payment within 90 days after the first date of treatment. Failure to furnish this information within the 90-day period shall not invalidate nor reduce the Covered Person's claim if it was not reasonably possible to file the claim within this time, provided that the claim is submitted as soon as is reasonably possible. In no event, except in the absence of legal capacity, will a claim be honored later than one (1) year from the date of last medical treatment.

Covered Persons have the right to file a written complaint and obtain an expedited review if health care services have been improperly denied, modified, or delayed.

Always keep a copy of all documents submitted for claims.