

**CLAREMONT COLLEGES**  
**2010-2011 STUDENT ACCIDENT AND SICKNESS INSURANCE PLAN**  
**CLAIM PROCEDURE**

---

In the event of Injury or Sickness:

1. Students must report to the Student Health Service first for treatment or referral or, when not in school, to the nearest doctor or hospital. In the case of a medical emergency, call 911 or go to the nearest emergency room. The deductible is waived if the insured student first utilizes and/or is first referred by the Student Health Service or if the Student Health Service is closed. This does not apply to dependents and non-student exchange visitors. Students may submit a claim for treatment or services received at the SHS for which they had to pay out-of-pocket.
2. Dependents, non-student exchange visitors and students who are away from campus should obtain treatment from the nearest doctor or hospital. You may choose any doctor or hospital, but using the doctors and hospitals available through the First Health Network (PPO) may decrease your costs. For a complete listing of the PPO hospital and Doctor facilities, call **1-800-226-5116** or visit **www.myfirsthealth.com**.
3. If you go to a doctor's office or to the hospital, be sure to show your identification card. Dependents covered under the plan do not receive separate ID cards and may use the insured student's ID card to obtain treatment. If the doctor or hospital needs to verify coverage for you or your dependents, have them call Personal Insurance Administrators, Inc. at **1-800-468-4343**.
4. After you receive treatment, complete the insurance company claim form.
  - a) Claim forms are available from Personal Insurance Administrators, Inc. or you may download a claim form from **www.renstudent.com/claremont**.
  - b) Be sure to include your policy number (as shown on your insurance ID card) on the claim form.
  - c) Answer all of the questions and be sure to sign the claim form before submitting it.
5. If you have any other expenses such as medicines, x-rays or laboratory charges, be sure to attach these bills to the claim form.
6. Send your claim form and all other bills to Personal Insurance Administrators, Inc. at the address below. Try to have all itemized bills attached to the same claim form.
  - a) Please do not send bills without a completed claim form. Bills cannot be considered unless all of the information required on the claim form is submitted.
  - b) A properly completed claim form must be submitted for each Injury or Sickness.
7. The claim form and bills should be sent to:

**Personal Insurance Administrators, Inc.**  
**P.O. Box 6040**  
**Agoura Hills, CA 91376-6040**

**Providers may submit claims electronically:**  
**PAYER ID 95397**

8. If you have questions about the status of your claim after it has been submitted, please call Personal Insurance Administrators, Inc. at **1-800-468-4343**.

You have the right to request an independent medical review if health care services have been improperly denied, modified or delayed based on medical necessity.

*A claim must be submitted within 90 days after an Injury or Sickness has occurred in order for the claim to be paid.*

**For Emergency Medical or Travel Assistance,**  
**call MEDEX:**  
1-800-527-0218 or 1-410-453-6330  
Program No. 995

**Always keep a copy of all documents submitted for claims.**

**Carry your insurance identification card with you at all times.**