

**EASTERN IDAHO TECHNICAL COLLEGE
2010-2011 STUDENT HEALTH INSURANCE PLAN
CLAIM PROCEDURE**

Please note that you will need to pay for prescriptions in full at the time of pick up. You may then submit a claim for reimbursement for the portion the Company is responsible for paying.

After visiting a Doctor's office or Hospital, most network (PPO) providers will submit the claim directly to AmeriBen for you. However, if the provider does not file the claim for you, you will be responsible for submitting the claim for reimbursement. In this case, follow these instructions:

1. After you receive treatment, complete the insurance company claim form.
 - a) You may download a claim form from **www.myameriben.com**.
 - b) Answer all the questions and be sure to sign the claim form before submitting it.
2. If you have any other expenses such as medicines, X-rays or laboratory charges, be sure to attach these bills to the claim form.
3. Send your claim form and all other bills or receipts to AmeriBen at the address below. Try to have all itemized bills attached to the same claim form.
 - a) Please do not send bills without completed claim form. Bills cannot be considered unless all the information required on the claim form is submitted.
 - b) A properly completed claim form must be submitted for each Injury or Sickness.
4. Claim forms and bills should be sent to:

**AmeriBen
P.O. Box 6947
Boise, ID 83707-0947**

**Providers may submit claims electronically:
PAYER ID 75137**

5. If you have questions about the status of your claim after it has been submitted, please call AmeriBen at **1-877-955-1576** (Monday–Friday, 7:00 a.m. to 6:00 p.m.). You may also log on to **www.myameriben.com** to check on your claim status, view your Explanation of Benefits (EOB), access answers to frequently asked questions or submit inquiries by email directly to the AmeriBen Customer Care Center.

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

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.

Always keep a copy of all documents submitted for claims.