

IRVINE VALLEY COLLEGE
2010-2011 INTERNATIONAL STUDENT HEALTH INSURANCE PLAN
CLAIM PROCEDURE

1. 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/ivc**.
 - b) Be sure to include your policy number (as shown on your ID card) on the claim form.
 - c) 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 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 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. All 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

5. 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**.

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.