

**SNOW COLLEGE
2010-2011 STUDENT HEALTH INSURANCE PLAN
CLAIM PROCEDURE**

1. If you go to a physician's office or hospital, 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 physician or hospital needs to verify coverage for you or your dependents, have them call Personal Insurance Administrators, Inc. at **1-800-468-4343**.

You will need to pay for all prescriptions in full at the time of pickup. You may then submit a claim for reimbursement for the portion the Company is responsible for paying.

2. 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/snow**.
 - 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.
3. If you have bills for any other expenses such as medicines, x-rays or laboratory charges, be sure to attach these.
4. Send your claim form and all other bills to Personal Insurance Administrators, Inc. at the address below. 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.
5. All claim forms and bills should be sent to:

Personal Insurance Administrators, Inc.

P.O. Box 6040

Agoura Hills, CA 91376-6040

Providers may submit claims electronically to:

PAYER ID 95397

6. 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**.

The completed claim form and 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 your claim if it was not reasonably possible to file the claim within this time, provided that the claim form 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.

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 for all documents
submitted for claims.**

Subrogation

When benefits are paid to or for a person under the terms of the policy, we shall be subrogated, unless otherwise prohibited by law, to the rights of recovery of such person against any person who might acknowledge liability or found legally liable by a Court of competent jurisdiction for the sickness or injury that necessitated the hospitalization or the medical or the surgical treatment for which the benefits were paid. Such subrogation rights shall extend only to the recovery by us of the benefits we have paid for such hospitalization and treatment and we shall pay fees and costs associated with such recovery.

The person agrees to sign papers and do whatever else is necessary to transfer his rights to us. We will exercise such rights on his behalf. He further agrees to furnish us with all relevant information and documents.

Right of Recovery

Payments made by us which exceed the Covered Expenses (after allowance for Deductible and Coinsurance clauses, if any) payable hereunder shall be recoverable by us from or among any persons, firms, or corporations to or for whom such payments were made or from any insurance organizations who are obligated in respect of any covered injury as their liability may appear.

Appeals

If we deny a claim for benefits, we will give you a written explanation. If you feel we are wrong, you have the right to appeal our decision. You must do this in writing.