



IMPORTANT !!!

CLAIM FORMS MUST BE COMPLETED AND RECEIVED IN OUR OFFICE WITHIN 90 DAYS OF INJURY.

A DEDUCTIBLE WILL APPLY TO EACH CLAIM.

1. Before sending in an accident claim form, **THE POLICY HOLDER** completely fills out, sign, and date **PART A**.
2. **PART B** must be completely filled out by injured person / guardian, sign, and date.

NO CLAIM CAN BE SUBMITTED WITH OUT PART A & PART B COMPLETED, INCLUDING SIGNATURES.

3. If your accident policy is **EXCESS**, the policy is secondary to an injured party primary health insurance. **EXCESS** policies will not cover primary insurance deductibles, co-pays, program limits, out of network care, or workers compensation related injuries. If injured party does not have primary care, excess coverage becomes primary. Either way, a deductible applies for any accident claim.

Please fax a copy of the claim form to:

The Camp Team

Attn: Dennis Gonzalez

Fax: 303-422-1276

4. Information for injured person / guardian. If all Explanation of Benefits (EOB's), Medical Itemized Billing, HCFA 1500 and/or UB92 are not available before submitting the claim form **DO NOT WORRY!** There is a 52 week period to get all claims processed.

5. After the initial claim submission to The Camp Team, the claim will be processed by our office and submitted to **Loomis Benefits** in Reading, PA, where a claims adjuster will begin processing the claim.

Should you have any questions regarding claims process or initial submission, please contact our office 800-747-9573.