

**Section 4**  
**PROCEDURES FOR CLAIMING BENEFITS UNDER THE PLAN**

**HOW DOES ONE FILE A CLAIM FOR BENEFITS FOR AN OUT-OF-NETWORK PROVIDER FOR BENEFITS UNDER THE PLAN?**

In submitting claims for Out-of-Network Providers, an Employee Statement of Claim form must be completed by the employee in detail and signed. One form per Covered person per illness per calendar year will be required.

The Physician must complete the form or provide an itemized billing form, which includes a complete and accurate diagnosis of the medical problem. In addition, all original, itemized bills for covered services or supplies must include the following:

- 1) The Health Care Provider's name and tax identification number.
- 2) The patient's name.
- 3) The service or supply provided for the patient.
- 4) The date the service or supply was provided.
- 5) The charge for each services and or supply.
- 6) The explanation of benefits worksheet from the Primary carrier when filing for secondary claim benefits.
- 7) Accident details related to an injury, when relevant.

**WHERE DOES ONE SEND A CLAIM FOR BENEFITS?**

All claims are to be submitted to:

**ACCESS ADMINISTRATORS, INC.**  
**P. O. BOX 12609**  
**EL PASO, TX 79913**

**HOW DOES ONE SUBMIT ADDITIONAL BILLS FOR THE SAME ILLNESS OR INJURY?**

Any additional itemized bills, for a previously submitted illness or injury, should be submitted to the Plan Administrator at the address shown above. Bills need to clearly show the employee name, employee social security number and Employers' name. All claims for services and supplies received during a calendar year (January 1 through December 31) must be submitted to the Plan Administrator **NO LATER THAN ONE YEAR FROM THE DATE THE CLAIMED MEDICAL EXPENSES WERE INCURRED OR NOT LATER THAN MARCH 31<sup>ST</sup> OF THE FOLLOWING CALENDAR YEAR, WHICHEVER DATE FALLS FIRST.**

**HOW IS A CLAIM FILED FOR BENEFITS FOR AN IN-NETWORK PROVIDER FOR BENEFITS UNDER THE PLAN?**

The Network Provider, per a contract with the Network Administrator, must complete the applicable claim form, HCFA 1500, UB-92 or provide an itemized billing form, which includes a complete and accurate diagnosis of the medical problem.