



PHILADELPHIA  
AMERICAN  
LIFE INSURANCE COMPANY

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## ***Claims Filing Instructions-HSP***

***Following these instructions will avoid unnecessary delays in claim processing.  
Please provide the following information.***

- *An itemized statement showing the full name, address and Tax ID number of the provider of service. This itemized statement should include the patient's name, date of service and amount charged for each service.*
- *The diagnosis (ICD) code for each date of service (this will be a 3 to a 8 digit code number and the procedure (CPT or HCPCS) code for each service rendered (this will be a 5 digit code number.*
- *An Emergency Room or Outpatient Hospital bill should include the Revenue Codes which are the 3 digit codes that indicate the charges for services rendered in each department of the hospital.*
- *If the claim is incurred in the first 12 months of coverage please complete the attached Claim Form and Authorization and submit with your claim. When submitting a claim that is incurred after your policy has been in force for 12 months you will not need to complete this form unless your claim is for an accident.*
- *If the claim is for an accident please the Claim Form and Authorization. If the accident was related to a motor vehicle accident we need a copy of the MVA Report.*
- *If a claim form is not required as indicated above, please make sure the insured name, the patient name and the policy number is included on all documentation submitted.*
- *If you are hospitalized and your confinement is expected to be for more than 3 days please contact our Customer Service Department at the number below for assistance.*
- *The following website is provided as a tool that you may find helpful in reviewing the provider charges on your claims: [www.healthcarebluebook.com](http://www.healthcarebluebook.com).*

*If you have any questions please call our Customer Service Department at 800-552-7879 extension 1331.*

*Completed Claim Forms and claims can be mailed or faxed to our offices.*

***Philadelphia American Life Insurance Company  
Attention: Claim Department  
PO Box 4884  
Houston, TX 77210-4884  
Fax: 281-368-7382***