



HOW DO I FILE AN INSURANCE CLAIM?

The Process

- **Download** a claim form from www.visit-ACI.com
- **Follow the instructions** on the claim form
- **Fill out** the claim form completely
- **Be descriptive** in regards to the service the doctor performed. Past medical history, dates of the condition and/or symptoms were first experienced and addresses of prior physicians. Remember, if a question applies to your particular situation, please answer it! Please make sure to include your email address.

Claim Reimbursement Request

- **Attach** your paid receipt, itemized bills, statements and invoices for services and supplies.
 - Please make sure that all documents indicate claimants name, date of service, diagnosis and the itemized charges.
 - If you are requesting the payment on behalf of someone else such as for your parents or a minor child, please write that the payment should be made out to you. Add payment information to the claim form itself, or attached a separate cover letter with explanation.

Mail the claim form and the accompanying documents to the address listed in the top right hand corner of your claim form. **Or by email at:** aciclaims@visit-aci.com



ADMINISTRATIVE CONCEPTS, INC.

994 Old Eagle School Road, Suite 1005

Wayne, PA 19087-1802

www.visit-ACI.com

Within the US & Canada: 1-888-293-9229

Outside the USA & Canada: 1-610-293-9229

Fax: 1-610-293-9299

The claim form can be found at www.visit-ACI.com (*Insured* ➔ *Claim Form* ➔ *RCM&D Accident & Sickness*). You may also fax or email the documentation to 610-293-9299 if the information is clear & legible and does not appear to be altered.

International SOS

As part of Dickinson College's commitment to you, we have invested in global medical and security assistance through International SOS. This program is designed to keep you healthy, safe and secure while you are traveling or living abroad and we strongly encourage you to take advantage of its services and online resources.

The Dickinson College membership number is **11BCAS626216**.

You are encouraged to call the assistance provider for any and all medical emergencies. The International SOS network of medical and professional service teams operate 24 hours a day, 365 days a year. They may be reached at **1-215-942-8478**. Simply carry the International SOS membership card with you at all times or download the [Assistance App](http://app.internationalsos.com) (<http://app.internationalsos.com>) to use this complimentary service. Both contain our membership number and key phone numbers along with the website address (www.internationalsos.com).

RX

When submitting prescription drug charges for reimbursement, you are required to send more than a cash register receipt. Please submit the Pharmacy receipt listing the Pharmacy name, your name, date, drug, and amount dispensed.

TIPS

- Keep copies of all the documents submitted. There is no guarantee that your submission will always make it to our office via postal service.
- You need to submit a new claim for each family member and for each new medical condition being treated.
- You need to file the claim within 90 days. However, you are recommended to file as soon as you avail the medical service.
- After you submit the claim, you should follow up with ACI periodically to make sure the process is going smoothly.

- If you want someone to speak with ACI on your behalf by calling (888)293-9229, please complete an "Authorization to Disclose Personal Health Information" and submit to ACI. This form can be found on the ACI website www.visit-ACI.com (Insured ➤ Authorization).

Claim Processing Procedure

The insurance company will process complete claims within 2 to 4 weeks after receiving the claim information. If additional information is required, you will be informed with the explanation of benefits (EOB). You should follow the instructions carefully and arrange for the documents to be submitted back to the requestor. Many claims are pending for a long time solely because the insurance company is waiting for the provider to send medical documentation. Please follow up with your provider to make sure that they have provided the required information.

Once the claim is processed, for all eligible claims, ACI will make the payment. If you paid at the time of service, reimbursement will be made to you.

In either case, you will receive an EOB that will describe the services rendered and filed for the claim, what charges were covered, what charges were not covered and why. The EOB may also list your due amount that you should pay to the provider if you have not already paid.

All claims (original medical bills, completed claim form, and original receipt for prescription charges, if applicable) should be submitted to:



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Or by email at: aciclaims@visit-aci.com

If you have any questions concerning claims processing, please contact the ACI office.

It is the Insured Person's responsibility to make sure that the claim form, original bills, supporting claim documentation, etc. are submitted timely and completely.