

# Do You Need Help In Getting Your Claim Paid?

(Please complete this form.)

Doctors and Hospitals typically will only allow the patient or family member to review medical claim problems. This form will give us authorization to speak to the doctors and hospitals on your behalf, but only in reference to this particular claim in question.

**I. Please send us the EXPLANATION OF BENEFITS (EOB) from your insurance company.**

- ◆ This is the statement your insurance company sent denying their payment of this claim. We will need this to reference your claim.

**II. Please send us the ITEMIZED BILL from the provider (doctor, hospital, or lab).**

- ◆ Please check to insure the bill contains the following:
  1. Date of service
  2. Service(s) performed
  3. Provider name and Address
  4. Total dollar amount of each service

**III. Please provide the reason(s) you or your family member sought treatment:**

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Employee Signature \_\_\_\_\_

Date \_\_\_\_\_

**Please complete the following:**

Company Name: \_\_\_\_\_

Employee Name: \_\_\_\_\_

Employee SSN#: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Employee date of birth: \_\_\_/\_\_\_/\_\_\_

Employee Home Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Daytime Phone Number: ( ) \_\_\_\_\_ Home Phone Number: ( ) \_\_\_\_\_

Insurance Company: \_\_\_\_\_ Group Number: \_\_\_\_\_

Patient's Name: \_\_\_\_\_ Patient's date of birth: \_\_\_/\_\_\_/\_\_\_

Patient's SSN# \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Relationship to Employee: \_\_\_\_\_

Date of Service: \_\_\_\_\_ Providers name: \_\_\_\_\_

Type of Service: \_\_\_\_\_ Charge: \_\_\_\_\_

If the Patient has Medicare:  Part A effective date \_\_\_/\_\_\_/\_\_\_  Part B effective date \_\_\_/\_\_\_/\_\_\_

(For office use only: Amount pd \_\_\_\_\_ Ded \_\_\_\_\_ Copay \_\_\_\_\_ Member Liability \_\_\_\_\_)

**Please fax or mail this form and the requested documents to:**



Attn: Client Service Department

P.O. Box 71027

Madison Heights, MI 48071

Phone: 1-800-538-6040

FAX: (248) 336-0399

[www.DFBenefits.com](http://www.DFBenefits.com)