

INSTRUCTIONS FOR FILING YOUR MEDBEN CLAIM

Please take time to familiarize yourself with these instructions. Proper completion of the form by you will prevent unnecessary delays in processing your claim. All incomplete claim forms will be returned.

1. Complete the top section indicated on the left margin as Part I.
2. Please submit a separate claim form for each patient.
3. Keep a copy of the bills for your record. This can prevent you from inadvertently filing duplicate claims.
4. If you are also covered by another insurer, Blue Cross/Blue Shield plan, HMO, Medicare, or other governmental agency, please be sure to attach a copy of that Company's Explanation of Benefits to this claim. Check the Explanation of Benefits form to be sure that it is for the same date(s) of service, provider, and charges that you are submitting on this claim.

INSTRUCTIONS FOR DIRECT MAILING: Turn statement over to the front side, fold twice like a letter (top folds down, bottom folds up). The mailing address should appear on one side and a blank panel on the other side. Tape the form closed at bottom center of mailing address side, affix proper postage and mail. If sending more than one statement, use an envelope.

MedBen
P.O. Box 1129, 1975 Tamarack Road
Newark, Ohio 43058-1129

Put Stamp Here.
The Post Office
will not deliver
mail without
proper postage.
