

Mail to:
Administrative Concepts, Inc
 997 Old Eagle School Rd., Suite 215
 Wayne, PA 19087-1706
 www.visit-aci.com

ACE-USA
Claim Form

Complete In Detail To Insure Prompt Payment

Any person who knowingly and with Intent to defraud any insurance company or other person: (1) file an application or statement of claim containing any materially false information; or (2) conceals for the purpose, of misleading information concerning any material fact commits a fraudulent Insurance act. For residents of the following states, please see the reverse side: Colorado, Florida, Maryland, New Jersey, New York, Pennsylvania, Oregon, Virginia or District of Columbia

Group Program: **CENTRAL STATES ROTARY YOUTH EXCHANGE PROGRAM, INC. Policy EZ000001**

Name of Patient: _____
Last Name First Name Initial

Present Address: _____
No and Street City or Town State Zip Country

Home Address: _____
No and Street City or Town State Zip Country

US Telephone Number: _____ Date of Birth _____ Male _____ Female _____

If payment is to be made to someone other than the patient, who is to receive payment?

Date of Accident or Sickness: _____ Nature of Accident or Illness: _____

If an accident, describe fully how and where accident occurred: _____

If injured in play or practice of a sport, what sport? _____

Is the patient covered under any other group plan, health maintenance organization, government plan, or insurance policy? _____

If Yes please provide the name of the Company or Plan: _____

Policy/Certificate Number _____

PATIENT OR PARENT MUST SIGN BELOW:

Authorization: I hereby authorize release to Administrative Concepts Inc., any and all information concerning advise, care or treatment provided to myself or any of my family which may be needed to process this claim.

IF PAYMENT IS TO BE ASSIGNED TO PROVIDER SIGN BELOW:

Authorization: I hereby authorize payment of medical benefits to the provider identified on this form, for the service described.

Patient or Parent Signature _____ Date _____ Patient or Parent Signature _____ Date _____

PHYSICIAN OR PROVIDER PLEASE ATTACH UNIVERSAL 1500 FORM OR FILL OUT IN FULL BELOW:

Date of first symptom of illness or injury _____ Date first Consulted you for this _____ Has Patient ever had same or similar symptoms? _____
 Diagnosis _____ History of Illness or Injury _____ yes or no

Name of Referring Physician or other source: _____

For Services Related to Hospitalization (Give Data) Admitted _____ Discharged _____

Name and Address of Facility where services rendered: _____ Was Laboratory work performed outside of your office: _____
 Lab charges: _____

Date of Service	Place of Service	CPT Code	Description of Service	ICD-9	Charge
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

Provider Signature _____ Date _____ Will you accept assignment? _____ Total Charges _____
yes or no

Print Providers Name _____ Telephone Number _____

Providers Address _____ FAX _____

City, State, Zip, Country _____ Tax ID Number _____

A Description of Coverage, an original Insurance Identification Card, **and a Claim Form (on the reverse)** are enclosed. In the event that medical attention and/or treatment are required, The Insured Person should file a claim for the covered expenses.

Pre-Existing Conditions are not covered by the Plan and are defined as an injury or illness which was contracted or which manifested itself or for which a licensed physician was consulted, or for which treatment/medication was prescribed/obtained during the 3 months preceding the insured person's effective date. This exclusion will be waived once the Insured Person has been treatment free for a period of three consecutive months.

Please refer to the Description of Coverage for the explanation of Benefits, Covered Expenses and Exclusions under the Plan.

There are three ways claims may be treated by medical providers:

1. You will be billed for services by the health care providers instead of paying for the services immediately. You may pay the bills and then submit a claim to the Claims Administrator for reimbursement. Or, you may submit the bills and a claim form to the Administrator and authorize payment of medical benefits directly to the provider.
2. You may be asked to pay for the medical services when they are provided. This is called fee-for-service health care. After you pay for the health care provider, you can then file a claim for reimbursement of the covered expenses with the Claims Administrator.
3. The health care provider may accept the insurance and claim form and will file the claim on your behalf.

Under all three of the above, it is extremely important that the claim form be completed fully as to the nature of the accident or illness and that the Insured Person sign the authorization to release information as well as the assignment of benefits if you want payment to go directly to the provider.

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

**Administrative Concepts, Inc. (ACI).
Old Eagle School Road, S 215
Wayne, PA 19087-1706**

**From within the US & Canada 1-888-293-9229
Outside the USA & Canada 1-610-293-9229
Fax 1-610-293-9299 www.visit-aci.com**

Administrative Concepts, Inc. the above numbers. ACI should be called with any questions concerning claims processing. In addition, ACI may be called for verification of coverage.

It is the Insured Person's responsibility to make sure that the original bills, etc. and a completed claim form are submitted to Administrative Concepts, Inc. do not assume that the provider will do this.

An important feature of the insurance plan is the inclusion of Assistance Services provided by Worldwide Assistance Services, Inc. Worldwide is available to insured's 24 hours per day, 7 days per week, and insured's should be encouraged to call them for any and all medical emergencies. They may be reached toll-free at 1-800-368-7878 or at the numbers listed on the Description of Coverage or on the back of the ID card.

Worldwide Assistance must be involved in any Emergency Medical Evacuation or Repatriation of Remains procedures. In addition, Worldwide may be of assistance to insured's in locating medical providers in the area of the world the insured will be visiting.