ebms
an Imagine360 company

HOW TO SUBMIT A CLAIM

1. **This form can be used for all medical, dental, vision and prescription claims.** The form only needs to be completed if the provider isn't submitting the claim on your behalf. Out-of-network claims can be submitted by the provider if the provider is willing to file for you.
2. You need to send us an itemized provider bill so we can process your claim. Receipts, balance due statements and cancelled checks aren't accepted.
3. Itemized provider bills must include:

Employee Name	Provider Name	Date of Service
Patient Name (if not the employee)	Provider Address	Diagnosis Code
Type of Service (CPT Code)	Provider Tax ID Number	Charge for Service

4. If you're filling out this form online or from an email, click on each field and type in your information.
5. If you're completing this form by hand, use a newly printed copy (not a photocopy). Print clearly and use black ink.
6. **We must receive your claim within your plan's filing deadline for it to be eligible for payment**. Check your Plan Document for details. You can find it on your benefits site or call the member number on your benefits ID card.
7. Use a separate claim form for each provider and each family member. You can get a new form on your benefits site or by calling the member number on your benefits ID card.
8. To help us process your claim correctly, include your member ID number found on your benefits ID card.

EXPLANATION OF BENEFITS

After your claim is processed, you'll receive an Explanation of Benefits (EOB) showing what the provider charged, what your plan paid and the amount you still owe the provider, if any. Keep your EOB for your records.

HOW TO SUBMIT

- **Mail:**
  PO Box 1015
  Southeastern, PA 19398-9901
- **Email:** claimsubmission@ebms.com
- **Fax:** 972-470-5450

NEED HELP?

Call the member number on your benefits ID card or visit your benefits site.

EBMS
PO Box 1015
Southeastern, PA 19398-9901
Fax: 972-470-5450

Statement of Claim

PART A – Employee Information

1. Employee's Name (first, middle, last)	2. Sex ☐ Male ☐ Female	3. Birth Date	4. Social Security Number
5. Home Address (street, city, state, zip)	6. Are you: ☐ Single ☐ Divorced ☐ Married ☐ Widowed		

PART B – Patient Information and Authorization to Release Information

7. Claim is for: ☐ Self (If "self" skip to question 12) ☐ Spouse ☐ Dependant	8. Patient's Name	9. Sex ☐ Male ☐ Female	10. Birth Date

11. Employee, answer only for claims unmarried dependent child:

Is child: ☐ Natural child ☐ Stepchild ☐ Foster child ☐ Legally adopted ☐ Grandchild who you are legal guardian
Is child aged 19-26 eligible for employer sponsored coverage other than that of a parent? ☐ Yes ☐ No (if yes, complete question 21)

Are natural parents divorced or separated? ☐ Yes ☐ No	Do you have custody of the child? ☐ Yes ☐ No

Does natural parent without custody have financial responsibility for health insurance? ☐ Yes ☐ No (If yes, complete question 21)

12. Reason for claim ☐ Illness ☐ Accident ☐ Wellness	13. If "Accident," please provide date, place and how it happened below:		
14. Was illness or accident work related? ☐ Yes ☐ No	Date	Place	How did it happen?

15. Did you or the patient receive, seek or will be seeking any monetary recovery from any person or entity who was responsible for causing such injury or illness to you or the patient for claim being filed? ☐ Yes ☐ No

16. Did you or the patient receive a discount, credit or reduction on any of the expenses submitted? ☐ Yes ☐ No	17. Was patient disabled? ☐ Yes ☐ No (If yes, provide dates below)	
	From:	To:

18. Is your spouse employed? ☐ Yes ☐ No (If yes, complete question 19)	19. Name of Spouse	Birth Date	Social Security Number

Name, Address and Phone Number of Spouse's Employer

20. Are you or your dependent(s) covered by any other group insurance, prepaid health plan, Medicare or other governmental plan? ☐ Yes ☐ No (If yes, complete question 21)

21. Insured's Name		Group Insurance Company or Plan's Name
Certificate number	Policy Number	Group Insurance Company or Plan's address (street, city, state, zip)

22. AUTHORIZATION TO RELEASE INFORMATION

I AUTHORIZE any physician, medical practitioner, hospital, clinic, other medical or medically related facility, peer review organization, insurance or reinsuring company, the Medical Information Bureau, Inc., consumer reporting agency, employer or third party administrator having information available as to diagnosis, treatment and prognosis with respect to any physical or mental condition and/or treatment of me or my dependents and any other nonmedical information of me or my dependents to give to the group policyholder, my employer, third party administrator, IMAGINE360 or its legal representative any and all such information.

I UNDERSTAND the information obtained by use of the Authorization will be used by IMAGINE360 to determine eligibility for insurance, and eligibility for benefits under an existing policy. Any information obtained will not be released by IMAGINE360 to any person or organization EXCEPT to the group policyholder, my employer, third party administrator, reinsuring companies, the Medical Information Bureau, Inc., peer review organization, or other persons or organizations performing business or legal services in connection with the claim, or as may be otherwise lawfully required or as I may further authorize.

I KNOW that I may request to receive a copy of this Authorization. I AGREE that a photographic copy of this Authorization shall be as valid as the original.

I AGREE this Authorization shall be valid for two- and one-half years from the date shown below, or for the duration of this claim, if longer.

NOTICE: Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit is guilty of a crime and may be subject to fines and confinement in prison. Please review the appropriate fraud warning relevant to the state in which you reside for further information."

Date	Employee's Signature	Spouse's Signature (for dependent claims)

PART C – Employer Information

23. Plan No.	Employer No.	Employer Name

CLAIM FRAUD WARNINGS

The fraud warnings listed below are applicable in the following states:

Alabama: Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or who knowingly presents false information in an application for insurance is guilty of a crime and may be subject to restitution, fines, or confinement in prison, or any combination thereof.

Alaska: Any person who knowingly and with intent to injure, defraud, or deceive an insurance company files a claim containing false, incomplete, or misleading information may be prosecuted under state law.

Arizona: For your protection Arizona law requires the following statement to appear on this form: Any person who knowingly presents a false or fraudulent claim for payment of a loss is subject to criminal and civil penalties.

Arkansas: Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

California: For your protection, California law requires the following to appear on this form: Any person who knowingly presents a false or fraudulent claim for the payment of a loss is guilty of a crime and may be subject to fines and confinement in state prison.

Colorado: It is unlawful to knowingly provide false, incomplete, or misleading facts or information to an insurance company for the purpose of defrauding or attempting to defraud the company. Penalties may include imprisonment, fines, denial of insurance, and civil damages. Any insurance company or agent of an insurance company who knowingly provides false, incomplete, or misleading facts or information to a policyholder or claimant for the purpose of defrauding or attempting to defraud the policyholder or claimant with regard to a settlement or award payable from insurance proceeds shall be reported to the Colorado Division of Insurance within the Department of Regulatory Agencies.

Delaware: Any person who knowingly, and with intent to injure, defraud or deceive any insurer, files a statement of claim containing any false, incomplete or misleading information is guilty of a felony.

District of Columbia: WARNING: It is a crime to provide false or misleading information to an insurer for the purpose of defrauding the insurer or any other person. an insurer may deny insurance benefits if false information materially related to a claim was provided by the applicant.

Florida: Any person who knowingly and with intent to injure, defraud, or deceive any insurer files a statement of claim or an application containing any false, incomplete, or misleading information is guilty of a felony of the third degree.

Idaho: Any person who knowingly, and with intent to defraud or deceive any insurance company, files a statement of claim containing any false, incomplete, or misleading information is guilty of a felony.

Indiana: A person who, knowingly and with intent to defraud an insurer, files a statement of claim containing any false, incomplete, or misleading information commits a felony.

Kansas: Any person who, knowingly and with intent to defraud, presents, causes to be presented or prepares with knowledge or belief that it will be presented to or by an insurer, purported insurer, broker or any agent thereof, any written, electronic, electronic impulse, facsimile, magnetic, oral, or telephonic communication or statement as part of, or in support of, an application for the issuance of, or the rating of an insurance policy for personal or commercial insurance, or a claim for payment or other benefit pursuant to an insurance policy for commercial or personal insurance which such person knows to contain materially false information concerning any fact material thereto; or conceals, for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act.

Kentucky: Any person who knowingly and with intent to defraud any insurance company or other person files a statement of claim containing any materially false information or conceals, for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime.

Louisiana: Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

Maine: It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties may include imprisonment, fines or a denial of insurance benefits.

Maryland: Any person who knowingly and willfully presents a false or fraudulent claim for payment of a loss or benefit or who knowingly and willfully presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

Minnesota: A person who files a claim with intent to defraud, or helps commit a fraud against an insurer, is guilty of a crime.

New Hampshire: Any person who, with a purpose to injure, defraud or deceive any insurance company, files a statement of claim containing any false, incomplete or misleading information is subject to prosecution and punishment for insurance fraud, as provided in RSA 638:20.

New Jersey: Any person who knowingly files a statement of claim containing any false or misleading information is subject to criminal and civil penalties.

New Mexico: Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to civil fines and criminal penalties.

New York: GENERAL: Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information, or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime, and shall also be subject to a civil penalty not to exceed five thousand dollars and the stated value of the claim for each such violation.

Ohio: Any person who, with intent to defraud or knowing that he is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement is guilty of insurance fraud.

Oklahoma: WARNING: Any person who knowingly, and with intent to injure, defraud or deceive any insurer, makes any claim for the proceeds of an insurance policy containing any false, incomplete or misleading information is guilty of a felony.

Oregon: Any person who knowingly and with intent to defraud or solicit another to defraud an insurer: (1) by submitting an application, or (2) by filing a claim containing a false statement as to any material fact thereto, may be committing a fraudulent insurance act, which may be a crime and may subject the person to criminal and civil penalties.

Pennsylvania: Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information or conceals for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime and subjects such person to criminal and civil penalties.

Rhode Island: Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

Tennessee: It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines and denial of insurance benefits.

Texas: Any person who knowingly presents a false or fraudulent claim for the payment of a loss is guilty of a crime and may be subject to fines and confinement in state prison.

Virginia: It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines and denial of insurance benefits.

Washington: It is a crime to knowingly provide false, incomplete, or misleading information to an insurance company for the purpose of defrauding the company. Penalties may include imprisonment, fines, or denial of insurance benefits.

West Virginia: Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.