EPIC SPECIALTY BENEFITS

The EPIC Life Insurance Company
1717 W. Broadway | P.O. Box 8430 | Madison, WI 53708-8430
800-520-5750

Hospital Surgery Benefit
Claim Form Instructions

An Employee/Annuitant Cash Plan

EPIC's *Hospital Surgery Benefit Claim Form* has three sections – Employee/Annuitant Information, Patient Information, and Hospital Indemnity/Outpatient Surgery Information. Please complete all three sections and gather any necessary documentation immediately following your hospital discharge or outpatient surgery. Following these instructions will allow us to process your claim more efficiently.

Section I – *Claim Information*

This information pertains to the primary insured individual and the covered member who was confined in a hospital for had an outpatient surgery, the primary insured name is in **bold** type on your EPIC ID card. Your Customer Number and Group-Division Number are also found on your EPIC ID card.

Section II – *Inpatient Hospital/Outpatient Surgery Details*

This information pertains to the Inpatient Hospital confinement or the Outpatient Surgery claim in which you are filing.

Section III – *Hospital Indemnity/Outpatient Surgery Requirements*

To submit a claim for benefits, a Billing form (UB04 or CMS1500) from the billing department of facility or provider where services were rendered must be provided.

Helpful Hints Regarding Your Claim

- Please make sure all sections of the claim form are completed, the Employee/Annuitant signs and dates the form and the Billing form (UB04 or CMS1500) is provided. **Incomplete claim forms will result in a claim denial.**
- A member must be confined in a hospital for more than two days (five days for annuitant members 65 and over) to be eligible for the Hospital Indemnity benefit. All claims filed for hospital confinements of two days (five days for annuitant members 65 and over) or less will be denied.
- Explanation of Benefits (EOBs) and other statements cannot be used to support your claim.

Questions/Assistance

For questions or assistance, please contact EPIC's Claims Department at 800-520-5750 or claims@epiclife.com

Submitting Your Claim

Please ensure your claim form is fully completed, signed, and dated. Please mail or fax your claim form and documentation to:

EPIC Specialty Benefits
Attention: Hospital/Surgery Claims
P.O. Box 8430
Madison, WI 53708-8430
Fax: 608-223-2179

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Claim Information

Member Name (First, Last, MI)		Member Date of Birth	
Patient Name (First, Last, MI)		Patient Date of Birth	
Phone	Customer Number	Group Number	
Mailing Address	City	State	Zip Code

Patient relationship to Employee/Annuitant ☐Self ☐Spouse
☐Other_____

Inpatient Hospital Stay		Outpatient Surgery	
Name of Hospital		Name of Surgical Center/Hospital	
Phone	Fax	Phone	Fax
Date of Admission	Date of Discharge	Date of Surgery	Type of Surgery

Briefly Describe Service(s) Received:

Hospital Surgery Benefit Requirements

Claims must be received within 120 days from the date of service. The billing form (UB04 or CMS1500) which includes: patient name, date(s) of service, diagnosis, and procedure codes must be provided in order for the claim to be processed.
Billing forms can be obtained by calling the facility where services were performed.

I have included **all** of the following information from the provider:

☐ ***Date(s) of Service*** ☐ ***Diagnosis Code (description)*** ☐ ***Procedure Code (description)***

By signing my name on this document, I declare that all of the information given is true and correct to the best of my knowledge and belief. I acknowledge that I have received all required fraud warnings at the time of executing this form.

_____
Name of Employee/Annuitant (please print)

_____ _____
Signature of Employee/Annuitant Date

Please mail or fax this form to:
EPIC Specialty Benefits
Attention: Hospital/Surgery Claims
P.O. Box 8430
Madison, WI 53708-8430
Fax: 608-223-2179

Fraud Warnings Notification

For residents of Illinois, Indiana, Iowa. Kansas, Kentucky, Michigan, Minnesota, Mississippi, Nebraska, North Dakota, Ohio, Oklahoma, South Dakota, Wisconsin, West Virginia: A person commits a fraudulent insurance act if that person knowingly, and with intent to defraud any insurance company or other person, either: (a) files an application for insurance or statement of claim containing any materially false information, or (b) conceals information concerning any material fact in order to obtain an insurance policy or a benefit under an insurance policy. **A fraudulent insurance act is a crime.** EPIC shall pursue prosecution of any fraudulent insurance act to the fullest extent of the law.

For residents of 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.

For residents of 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 a person to criminal and civil penalties.