

**Supplemental Medical/Hospital Confinement/GAP Claims Process
Administered by Special Insurance Services, Inc. (SIS)**

After enrollment, each enrollee will be given a Welcome Package that will include a Certificate of Insurance and ID card for the GAP plan.

CLAIMS PROCESS WORKFLOW

Insured gives provider their major medical ID card and the GAP plan ID card at the time of service. Insured submits an Insured Claim Form to SIS if one is not already on file within the last 12 months. (Claim form not required for Zurich GAP plan)

Will the provider file the claim under the supplemental medical GAP plan?

Yes

Claim is filed by the provider under the major medical plan. Once the primary carrier processes the claim and sends the provider an Explanation of Benefits (EOB), the provider will then file the claim for the GAP plan by submitting the itemized bill (Form 1500 or UB-04) and the major medical EOB to SIS.



If the major medical carrier's EOB/payment info does not accompany the claim, SIS will request the necessary information from the insured and notify the provider. If the insured has not submitted their Annual Claim Form, this will also be requested at this time. (Claim form not required for Zurich GAP)

Will the provider file the claim under the supplemental medical GAP plan?

No

An insured may also file a claim online through the SIS claims viewer, or they may send by mail, email or fax to the address or fax number on the GAP ID card. Provider will still be paid for all assigned claims.



Notification of any missing documents will be sent to the insured and to the provider (if assigned). Any missing documents may be submitted through the SIS claims viewer, or by mail, email or fax.

REQUIRED DOCUMENTATION

Please note: To consider a claim, we must have:

- 1) an itemized bill, which includes the diagnosis code, procedure code, dates of service, provider tax id number, etc. (These are standard medical provider's health insurance claim forms 1500 or UB-04); and
- 2) the major medical EOB that shows the amounts applied to the deductible or coinsurance.
- 3) a claim form on file from the insured.*
*This requirement is waived for policies written through Zurich American Insurance Company.

THE BALANCE DUE STATEMENTS TYPICALLY RECEIVED BY THE PATIENT ARE NOT CONSIDERED ITEMIZED BILLS AND MAY NOT BE SUFFICIENT TO PAY A CLAIM.

SUBMIT CLAIMS TO:

Special Insurance Services, Inc.

P.O. Box 250349

Plano, Texas 75025-0349

customerservice@specialinc.com

Phone: (800) 767-6811

Fax: (214) 291-1301

Claims viewer (requires registration):

<https://www.sis-answare.com/claims.aspx>

Document Uploader (registration not required):

<https://sis-answare.com/DocumentUpload.aspx>

CLAIMS PAYMENT

For all claims with an assignment of benefits, eligible payments will be made to the provider upon receipt of all required documents, unless proof of payment has been received. If proof of payment has been received or for claims submitted without an assignment of benefits, the payment will be made to the insured.