



Claim Filing Instructions

The most efficient way to file your claim is on-line at the following secure URL:

<https://portal.acitpa.com/FYSA>

On the site, you can complete the form information and upload the supporting documentation for your claim.

Please only submit one completed claim form per injury and allow 14 days for submitted claim documentation to be reviewed by ACI's claims examiners.

Once their review is completed an evidence of benefit statement, request for additional information or claim denial letter will be issued and sent out in the mail as well as appear in the claim intake site.

Information regarding this insurance plan:

Excess coverage: Accident medical expenses are covered under this policy on an excess basis, and benefits will only be paid under this plan after your own personal / group insurance (including Health Maintenance Organizations) has paid out its benefits. Please note that you must follow your primary insurance carrier's eligibility criteria (i.e., to be treated in-network, if required by HMO, etc.) for this policy to consider your expenses for payment. Payment under this policy will be made according to usual and customary guidelines. This means that the basis for payment of specific medical or dental services is based on the average cost of that service by region.

This policy does not pay for services in full; it pays based on the "usual and customary" fee for that service in your area. Once the **\$2,000 deductible** has been satisfied, benefits are payable at 80% of the allowable rate up to the benefit maximum.

Claim eligibility timing: For claims to be eligible for coverage, this form must be submitted no later than 365 days after the date of injury, and medical attention must be received no later than 90 days after the date of injury.

BENEFITS ARE NOT PAYABLE FOR LOSS DUE TO SICKNESS. THIS POLICY PAYS BENEFITS FOR SPECIFIC LOSSES FROM ACCIDENTS ONLY.

FILING A CLAIM IS NOT A GUARANTEE OF PAYMENT. ALL CLAIMS ARE SUBJECT TO PLAN LIMITATIONS AND EXCLUSIONS INCLUDING TIMELY FILING GUIDELINES.

If you choose to file your claim by mail, fax or email please send to:

Administrative Concepts, Inc. PO Box 4000 Collegeville, PA 19426

Fax: 610-293-9299

Email: aciclaims@acitpa.com

Helpful Information for Expediting Payment:

- Complete Claim Information - ACI suggests providers submit standardized billing statements (“UB-04” for hospital charges and “CMS-1500” for Physician Charges).
- Proof of Payment – Check copy of payment, Cash Receipt, or Credit Card Statement
- Payment to Medical Providers – Unless Proof of Payment is submitted with the medical bill potential payment is sent directly to the medical providers.
- Other Insurance - If you are also insured under a primary insurance policy include their Explanation of Benefits (EOBs) with your claim submission.
- *Please only submit one completed claim form per injury.* If additional expenses or documentation needs to be submitted after the initial claim form is completed, please submit them via the Upload Supporting documentation link that is in the claim intake site, via email or fax.

Any questions, please contact our Claims Service Team:

Claims Customer Service Email

aciclaims@acitpa.com

Customer Call Center

(888) 293-9229

Hours of Operation: 8am – 5pm EST, Monday through Friday