

Professional Insurance Company
In California, PIC Life Insurance Company

HOW TO FILE A CLAIM HOSPITAL INDEMNITY/CANCER CLAIMS

Contact your employer at 765-4650 or call 1-800-289-1122 to obtain a claim form.

Fully complete the Claimant's portion including signing and dating the authorization. Include your Policy Number and Patient information (Name, Social Security # and Date of Birth).

Attach copies of the following – UB-92 forms (hospital bills), HCFA forms (Physician bills) or itemized bills that provide Dates of Service, Type of Service, Diagnosis and charges. The actual UB-92 and HCFA forms will allow for the quickest processing. You can ask your Doctor and/or hospital to provide these to you.

For Cancer claims, in addition to the information listed above, submit a copy of the positive pathology report. Taking these steps will insure that a claim will be processed as accurately and quickly as possible.

Please mail the claim form to the address below.

Professional Insurance Company
Employer Services Group
Claims Department
P.O. Box 85656
Lincoln, NE 68501-5656