

HOW TO FILE A CLAIM

TO ASSURE PROMPT AND ACCURATE HANDLING OF YOUR CLAIMS, FOLLOW THESE 5 SIMPLE STEPS:

STEP 1

Complete this form as soon as possible.

STEP 2

Fill in every question completely and accurately.

STEP 3

Ask doctor to complete Physician's Statement and return to you.

STEP 4

Attach itemized copy of hospital bill.

STEP 5

Mail this form with a copy of your hospital bill to:

Southland Benefits Administration
P.O. Box 1250
Tuscaloosa, Alabama 35403

NOTE:

PLAN DOES NOT COVER OUTPATIENT TREATMENT FOR ILLNESS.

