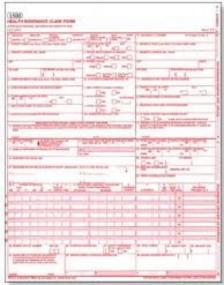


<u>Tips for Filing a Claim – Participant Accident</u>

- Mutual of Omaha Special Risk Services is a medical excess policy which considers charges secondary to any major medical policies. We'll need your major medical EOBs to consider any claims.
- Please make sure the claim form is filled out completely including an **official signature** from the school/organization.
- You can find the policy number on the claim form. Provide this to all the providers who render services. They will need to bill us directly as secondary insurance by fax (402-351-4732) or mail. We cannot accept balance due statements that providers mail to the patient. We need the actual billing forms shown below **UB04** (hospital bill) or **HCFA1500** (physician bill) that has **procedure**, **diagnosis**, **Tax ID** and **payment address** for the provider.





- If any out of pocket expenses are paid, please send us proof of payment. Our normal process is to pay your remaining balance to the provider, however, if we receive proof of payment we will reimburse the member.
- Each bill we receive will be assigned a claim number and once processed you will receive an Explanation of Benefits to show how the claim was processed/paid.
- Call 1-800-524-2324 if you have additional questions.
- Options for Sending Information:
 - **1. Fax** 402-351-4732
 - **2. Email**: specialrisk.claims@mutualofomaha.com

Omaha, NE 68131

3. Mail: Mutual of Omaha PO Box 31156