



GAP PLAN™ Plus

Need to file a claim? Just follow these steps...

This is for Inpatient Hospital Confinements, Hospital Emergency Room treatment without subsequently being admitted as an Inpatient, Outpatient Surgery in a Hospital Outpatient Facility, a Free-Standing Outpatient Surgery Center, or a Diagnostic Testing MRI Facility.

1. Fill out the *Statement of Insured* on the claim form (BN-665 -1203) as completely as possible.
2. Sign and date the Authorization section. The Insured must sign and date the claim form for dependent children.
3. Attach copies of the original bills showing diagnosis, date of service, itemized charges, name and address of the provider and tax identification number (TIN).
4. Attach copies of Explanation of Benefits (EOB) from the primary (and secondary, if applicable) insurance carrier(s).

IF YOU HAVE ANY QUESTIONS ABOUT CLAIMS, PLEASE CONTACT OUR BENEFITS DEPARTMENT BETWEEN 8:00 A.M. – 4:45 P.M. (CST) AT 1-800-267-2322.