

CLAIM FILING INSTRUCTIONS

WHEN TO FILE A CLAIM FORM:

1. An initial claim is being submitted for each Covered Person.
2. A new claim is being submitted for a completely different illness or injury for each Covered Person.

HOW TO FILE A CLAIM:

1. Complete the applicable items on the reverse side.
2. Promptly mail this form with any itemized bills to Academic HealthPlans.
3. If you receive additional bills on this claim after you have mailed this form, it is not necessary to complete another form.
4. Identify bills by adding the following information:
 - School's Name and Policy Number
 - Student's Name and Social Security Number
 - Patient's Name

MAIL ALL CLAIMS TO:

**Academic HealthPlans
c/o True Choice USA
P.O. Box 700307
Dallas, TX 75370-0307**

Please remember to always make a copy of your claim forms and medical bills before mailing to our office.