



Student Health Insurance Claim Form
600 Lincoln Avenue • Charleston, IL 61920
Phone 217-581-5290 • Fax 217-581-6422
Policy Number 82198

IMPORTANT - YOUR CLAIM WILL BE DENIED IF THIS FORM IS NOT FULLY COMPLETED

Name of the student (Last, First, MI)	Social Security Number	Date of Birth	Age
Permanent home address (Number, Street, City, State, and ZIP Code)		Permanent home phone number	
Local address (Number, Street, City, State, and ZIP Code)	E- number	Local phone number	

Nature of Injury or Illness

Describe injury or illness	
When did your symptoms first appear or accident happen? Date: ____ / ____ / ____ Time _____	If pregnant, state first day of last menstrual period.
If injury, describe how and where accident occurred - give complete details (use additional pages if necessary).	
If a motor vehicle injury, list names of all drivers and companies insuring all drivers and/or vehicles.	If injured during practice or play of sports, what sport was involved? Check one: <input type="checkbox"/> Intramural. <input type="checkbox"/> Intercollegiate athletics. <input type="checkbox"/> Other.
Have you suffered the same or similar condition before? <input type="checkbox"/> No. <input type="checkbox"/> Yes. If Yes, when?	Were you treated and/or referred by the Health Service for this condition? <input type="checkbox"/> Yes. <input type="checkbox"/> No.
Name and address of doctor, hospital, or other providers of care (use additional pages if necessary).	
**It is the student's responsibility to provide primary insurance information (if applicable) and EIU Student Health Plan information to all providers to have insurance billings submitted to the EIU Student Health Insurance office.	

Other Insurance

Do you have any other insurance which covers this condition, either group, individual, automobile medical or liability?

☐ No. ☐ Yes. If Yes, give the following data.

Name of insurance company		Insurance company address	
Name of policy holder	Group number	I.D. Number	Insurance company phone
If group coverage through parent, spouse, or individual employer plan - list employer name and address.			

Disclosure of Authorization for Release of Medical Records (Patient/students responsibility to complete)

It is the Covered Student's responsibility to furnish the Student Health Insurance Office with the claim form, itemized bills of expenses and explanation of benefits from primary carrier (if applicable) as soon as possible, but no later than 52 weeks from the first date of the medical expenses. Claims submitted after 52 weeks from date of medical expense will be denied. Upon presentation of the original or photo copy of this authorization, I authorize any medical professional, hospital, clinic, or other medical or medically related facility, government agency, or other person or firm to provide information including copies of records concerning advice, care or treatment provided to me including, without limitation, information relating to mental illness, use of drugs or alcohol, to Eastern Illinois University representatives involved in evaluating, determining or administering claims for insurance benefits for me. I understand that any authorized representative or I will receive a copy of this authorization upon request. This authorization is valid from the date signed through the term of coverage of the policy or during the period to process the claims.

Name (print)

Signature

Date



EIU Student Health Insurance
600 Lincoln Avenue
Charleston, IL 61920-3099
Phone: (217) 581-5290
FAX: (217) 581-6422

HOW TO SUBMIT A MEDICAL CLAIM

1. Contact the Student Health Insurance Office at 217-581-5290 to confirm your eligibility status and verify benefits.
2. Complete the following Student Health Insurance Claim Form and submit to our office. Provide complete names and addresses for all providers from whom we can expect to receive a bill. If you need additional space, attach a separate sheet of paper. Claim forms can be picked up in our office, mailed to you upon request, or downloaded from our website @ <http://www.eiu.edu/~finaid/text/stuins.htm> and then:

.....mailed to Student Health Insurance, 600 Lincoln Avenue, Charleston IL 61920, or

.....faxed to Student Health Insurance at 217-581-6422, or

.....handed in to our office in the upper level of the Financial Aid Office, East Wing Student Services Building.

Incomplete claim forms will not be considered and benefits will not be paid until the form is completed. Only one completed claim form is required for each diagnosis per plan year.

3. For non-emergencies, take a copy of the completed claim form with you for your medical treatment to leave with the medical billing personnel. The medical provider(s) may also ask you for a copy of your EIU insurance ID card. The card can be found on the inside of the back cover of the brochure or can be downloaded from our website.

4. If you are not covered under any other insurance, Student Health Insurance is your primary insurance. If you have primary insurance (when other valid and collectible insurance is available, Student Health Insurance is secondary) be prepared to provide both your primary insurance information and your secondary (Student Health Insurance) information to the medical provider. This insures that Student Health Insurance will be automatically billed with the required documentation once your primary carrier has processed your claims.

5. After your primary insurance has processed your claim, you will be sent an explanation of benefits (EOB). If you provided Student Health Insurance as your secondary coverage to the medical provider, they should automatically bill us with a copy of your primary EOB. However, in some instances, we may need to request this EOB from you. Contact our office to confirm we received a bill and EOB from the medical provider.

It is your responsibility to provide insurance information to all medical providers so they can bill your insurance (primary and secondary if applicable).

6. After Student Health Insurance processes your claim you will receive an EOB from us. Any remaining balance due to the medical provider is your responsibility. You will receive a bill from that medical provider.

* The Student Health Insurance Office cannot process bills from a "statement". Insurance billings are required. When Hospital charges are incurred, the Hospital must submit the standard form (UB92 and itemized charges). For Physician charges and other expenses, insurance acceptable bills (HCFA 1500) must be submitted from each provider.

* A completed EIU claim form, required billings from the medical provider, explanation of benefits from primary carrier, and any other information requested from our office, must be received in our office before the deadline of 52 weeks from the date of the first medical expense of an illness or injury.

* If you have an Illinois Department of Public Aid medical card or any assisted care plan through the State of Illinois, Student Health Insurance is your primary carrier.