

Medical Treatment Benefit Claim Form

Please Mail or Fax Completed Form to:

MGM Benefits Group • 2121 N. Glenville Drive • Richardson, Texas 75082 • Phone: 866.881.2255 • Fax: 972.881.2251

CLAIM PROCESSING NOTICE

A Medical Treatment Benefit will be paid if you receive treatment from a Physician for a NON-DISABLING INJURY or for a SICKNESS for which no other benefits are paid under the policy. Aetna will provide a benefit (according to the terms of the policy) for the actual physician or hospital charges up to the maximum benefit listed in the policy.

No benefit will be paid unless you are personally seen and treated by a doctor and the treatment is not for routine medical examinations or dental work. No more than one Medical Treatment Benefit will be paid for the same or related condition(s) unless treatment dates are separated by at least 14 calendar days. In addition, no more than one benefit will be paid for treatment during any 24 hour period.

All Medical Treatment Benefit Claim Forms must be submitted within one year from date of service. Once your completed claim form has been received, normal turnaround time is 2 weeks to process the claim and mail a response back to you.

EMPLOYEE'S STATEMENT

Name of Employee			Name of Employer	
Home Address		Telephone	Social Security Number	
City	State	Zip	Email Address	

Please list the date(s) for which you are claiming a benefit.

Date of Treatment: _____ Sickness Injury If injury, list date injury occurred: _____

Date of Treatment: _____ Sickness Injury If injury, list date injury occurred: _____

Date of Treatment: _____ Sickness Injury If injury, list date injury occurred: _____

Date of Treatment: _____ Sickness Injury If injury, list date injury occurred: _____

CLAIM SUBMISSION FORMS

Please be sure to include this completed claim form and attach a copy of your physician(s) and/or hospital bill(s). The bills must include:

- Date(s) of Treatment
- Diagnosis or Diagnosis Code (ICD-9 Code)
- Billing Charges

EMPLOYEE'S SIGNATURE

Any person who knowingly, and with intent to injure, defraud, or deceive an insurance company, files a statement of claim containing any false, incomplete, or misleading information is guilty of insurance fraud, which is a felony. I certify that the information provided above is accurate.

Employee's Signature	Date Completed
----------------------	----------------

Misrepresentation

Any person who knowingly and with intent to injure, defraud, or deceive any insurance company or other person files an application for insurance or statement of claim containing any materially false information or conceals, for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime and subjects such person to criminal and civil penalties.

Attention Florida Residents: Any person who knowingly and with intent to injure, defraud, or deceive any insurer files a statement of claim or an application containing any false, incomplete or misleading information is guilty of a felony of the third degree.

Attention Louisiana Residents: Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application is guilty of a crime and may be subject to fines and confinement in prison.

Attention Oklahoma Residents: WARNING: Any person who knowingly, and with intent to injure, defraud or deceive any insurer, makes any claim for the proceeds of an insurance policy containing any false, incomplete or misleading information is guilty of a felony.

Attention Texas Residents: Any person who knowingly and with intent to injure, defraud or deceive any insurance company or other person files an application for insurance or statement of claim containing any intentional misrepresentation of material fact or conceals, for the purpose of misleading, information concerning any fact material thereto may commit a fraudulent insurance act, which may be a crime and may subject such person to criminal and civil penalties.