

**Claim Submission Information Form**  
for  
**BMI Benefits, LLC**  
**Concordia University Texas – SRG 9149936**

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**Mail:**

Claims should be submitted to the company within 90 days of treatment to:

BMI Benefits, LLC  
PO Box 511  
Matawan, NJ 07747

**Fax:**

Fax claim forms (HCFA 1500 or UB04) to: 732-583-9610. (Include School Name & policy number) Cover sheet should state "ICS Claim Form".

Email: [clerk@bobmccloskey.com](mailto:clerk@bobmccloskey.com) (Include School Name & policy number)

**Customer Service:**

Please call Customer Service for information concerning eligibility verification, coverage, benefit questions, co-payment, claims instructions and appeals.

Call 267-880-2300 or email us at [customerservice@firstriskadvisors.com](mailto:customerservice@firstriskadvisors.com)

**Submission guidelines:**

Please follow standard CMS guidelines and mail all medical and hospital bills to the address above. Please include:

- Insured Student's full name
- Patient's full name
- Insured Student's address
- Name of school under which Student is insured

**Questions, Comments or Concerns:**

First Risk Advisors  
67 W Court Street  
Doylestown, PA 18901  
267-880-2300

[www.firststudent.com](http://www.firststudent.com)

OR Rachel Alderfer at: [ralderfer@firstriskadvisors.com](mailto:ralderfer@firstriskadvisors.com)