

Claim Submission Information Form
for

BMI Benefits, LLC

Grove City College – Policy Number: 11SPD8320601

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 (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

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

OR **Kara Opperman** at: kopperman@firstriskadvisors.com