



# HOW TO FILE A CLAIM

## TO ASSURE PROMPT AND ACCURATE HANDLING OF YOUR CLAIMS, FOLLOW THESE 5 SIMPLE STEPS:

### STEP 1

Complete this form as soon as possible.

### STEP 2

Fill in every question completely and accurately.

### STEP 3

Ask doctor to complete Physician's Statement and return to you.

### STEP 4

Attach itemized copy of hospital bill. Please provide a UB04 (UBzero4) or a 1500 form

### STEP 5

Mail this form with a copy of your hospital bill to:

Southland Benefits Administration  
P.O. Box 1250  
Tuscaloosa, Alabama 35403

### NOTE:

PLAN DOES NOT COVER OUTPATIENT TREATMENT FOR ILLNESS.