GAGLIARDI INSURANCE SERVICES, INC.

_____

IMPORTANT INSTRUCTIONS
HOW TO FILE YOUR MEDICAL CLAIM

You have been provided with claim forms that are pre-filled with some of the important information that is needed to process your claim efficiently. Please use only this form.

1. Part 1: Must be filled out completely.

2. Part 2: Must be completed if the claimant is a minor and must be fully filled out.

3. Part 3: Must be filled out if there is Primary Insurance - If there is no Primary Insurance- "**NO"** **MUST BE CHECKED OFF AND SIGNED TO AVOID ANY DELAY IN PAYMENT** .

4. Include all itemized bills for related medical expenses being claimed. These bills must show the patients name, condition being treated (diagnosis), type of treatment received, date the expense(s) was/were incurred.

5. If you have already paid the bills please include a receipt or proof of payment.

6. A deductible will apply to each claim.

7. A League Representative, Promoter or Insurance Coordinator **must** sign Claim Form in line 22.

8. Claimant/injured fighter **_must_** visit a provider within **_7_** days from the date of the event. Failure to do so will result in claim denial.

NOTE:
This coverage is in excess of all other group medical coverage. Please complete, in full, the attached **Other Insurance Inquiry (Part 3)** and provide copies of the other insurance's **Explanation of Benefits** for each corresponding Itemized Bill. If there is no other insurance please specify this in that area (check "No"). **In order to consider benefits we need HCFA/UB billing forms (diagnosis codes, procedure codes and the provider's tax id number)**. Failure to provide this form, completed in its entirety, will delay claim processing.

****Complete policy details are available upon request****
Mail **FULLY COMPLETED** Claim Form to:

> HSR – Health Special Risk, Inc.
> HSR Plaza II
> 4100 Medical Parkway
> Carrollton, TX. 75007
> Toll Free (800) 328-1114
> Fax (972) 512-5820

For questions, inquiries and/or status of your claim, call (800) 328-1114**.**