Student Medical and RX Insurance Claim Form

Press the tab button to move from one field to the next. If additional space is needed, you can use a separate sheet of paper and attach it to this form. Please review the Claim Submission section located at the bottom of this form. If submitting via mail, please complete, sign and print the form and mail to the address listed below.

Administered by Global Benefits Group*

INSURED STUDENT INFORMATION		
Policy Year:	GBG Group #:	Policy #:
School Name:		
PATIENT INFORMATION		
Last Name:	First Name:	Middle Initial:
☐ Male ☐ Female	Date of Birth:	Member ID #:
School Phone #:	School OR current Mailing Address:	
INJURY/SICKNESS INFORMATION		
What was the Student treated for: ☐ Accident/ Injury ☐ Sickness ☐ Preventive / Routine ☐ Mental Health ☐ Prescription		
Date Accident/Injury occurred:		
Was the incident due to participating in a Sport? ☐ Yes ☐ No		
If yes, please check what type of Sport: ☐ Interscholastic ☐ Intercollegiate ☐ Intramural ☐ Recreational ☐ Other		
Was this an Automobile Accident? ☐ Yes ☐ No	Accident due to on the Job Injury? ☐ Yes ☐ No	
Describe the nature of the Accident/Injury or Sickness. Please provide as many details as possible (i.e. automobile, slip and fall, etc.) **Supporting Documentation such as a Police or Incident Report is required for consideration if Auto or Job Injury.**		
I hereby authorize any physician, hospital, or other medical provider to release any information regarding the medical history, treatment, or benefits payable for this claim to Global Benefits Group. A photocopy of this authorization shall be as valid as the original.		
Signature of Insured: (Parent or Guardian if Insured is under 18)	Date:	
OTHER INSURANCE INFORMATION		
Is the patient covered by another Insurance plan? ☐ Yes ☐ No If you checked "Yes", please complete the section below.		
Name of Policyholder or person carrying other Insurance:		
Subscriber #:	Name of other Insurance Carrier:	
Other Insurance Policy #:	Other Insurance Phone #:	Policyholder Date of Birth:
PAYMENT INFORMATION		
Make Checks Payable To: ☐ Student ☐ Provider		
Provider Name:		
Mailing Address:		
Email Address:		

*Global Benefits Group refers to the various subsidiaries and affiliates of Global Benefits Group, Inc. All administrative services are provided through such operating subsidiaries and affiliates.

Guidelines for Submitting Claims to Global Benefits Group

Claim Instructions: The bill needs to include the provider name, provider address, provider tax ID number, diagnosis code(s), procedure code(s), date of service, and billed amount. If mailing, clip, do not staple, all bills to this form

Proof of Payment: If payment was made by check, please provide a copy of the front and back of the cancelled check. For all credit card payments, the credit card statement showing the cardholder's full name, institution name and payment information for each date of service is required. If payment was made with an ATM or Debit card, the bank statement showing the accountholder's full name, institution name and payment information for each date of service is required. Global Benefits Group will call the provider of services to verify all cashpayments.

The Claim Form along with any other documentation can be submitted using one of the following Methods:

Mail: 7600 Corporate Center Dr #500, Miami, FL 33126
Email: A scanned copy of the completed form to claimscs@gbg.com
Online: Upload completed form via MyGBG

Fair Processing Notice

The GBG Group includes insurance companies, brokering and management companies, as well as assistance and operations companies. We respect your privacy and we are all committed to protecting your personal information.

Our privacy policy tells you about your privacy rights and how the law protects you. This includes information on how we collect and then process your personal information. Our privacy policy is located on our website at https://www.gbg.com/#/AboutGBG/PrivacyPolicy and we would advise you to read the policy so you understand your rights and your personal data use by the GBG Group.

In order for us to process all claims in a timely manner, please return this form as soon as possible. If we do not receive this information, we may have to deny all current and subsequent claims as being incomplete. We appreciate your assistance in helping us process the claim(s) as quickly as possible. If you have any questions, please contact us at 1-800-730-2417.