

GAGLIARDI INSURANCE SERVICES, INC.

284 Digital Drive, Morgan Hill, CA 95037 800-995-9768 Fax 408-414-8199

IMPORTANT INSTRUCTIONS

HOW TO FILE YOUR MEDICAL CLAIM

1. 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 this form only.
2. Section I must be filled out completely.
3. Section II is to be completed, signed, and dated by the claimant or parent/guardian of the claimant.
4. Include all itemized bills for related medical expenses being claimed. These bills must show the patients name, condition begin treated (diagnosis), type of treatment received, date the expense(s) was/were incurred.
5. A deductible will apply to each claim.
6. A League Representative or Insurance Coordinator **must** sign Claim Form.

NOTE:

This coverage is in excess of all other group medical coverage. Please complete in full the attached **Other Insurance Inquiry** and provide copies of the other insurance's **Explanation of Benefits** for each corresponding **Itemized Bill**. Failure to provide this form, completed in its entirety, will delay claim processing.

Mail **FULLY COMPLETED** Claim Form to:
HSR Plaza II
4100 Medical Parkway
Carrollton TX 75007
Phone (972) 512-5600 Fax (972) 512-5820
Toll Free (866) 345-0973
E-Mail gisclaims@hsri.com

For questions, inquiries and/or status of your claim call (866) 345-0973