**Claim Submission Information Form**

**for**

**BMI Benefits, LLC**

Felician College ­­­­­­­­­­­­**SRG 0009150073**

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**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](http://www.firststudent.com/)

 OR e-mail: Rachel Alderfer at: ralderfer@firstriskadvisors.com