

## - FILING A CLAIM -

A claim must be received by the Claims Office within 90 days from the date of service.

The claim must include:

- The itemized medical and/or hospital bills,
- Name of Patient,
- Insured Student's name, address and LSU ID number,
- A company claim notification form is required for all claims, which can be completed online at [www.LSUstudentinsurance.com](http://www.LSUstudentinsurance.com) or a PDF of the claim form is available to submit by mail.
- Students Only - Student Health Center referral is required for ALL outpatient treatment except for medical emergencies or as stated in the "Student Health Center (SHC) Referrals" section on page 6.

Mail Claims to:      Macori Administration  
                                 P.O. Box 2567  
                                 Spring, Texas 77383-2567

## - APPEALING A DENIED CLAIM -

Insureds will have one (1) year from the date of the Explanation of Benefits to make an appeal to the Claims Office.

The appeal must be in writing and include:

- The claim information in question,
- A statement of why the claimant feels the denial or reduced payment was improper;
- The name of the health care provider or hospital,
- The date of service,
- The place of service,
- A description of the service, and
- The charge.

A written response will be sent to the Insured within 15 days of receipt. If the appeal involves a medical or legal issue, consultation may be obtained through Peer Review.