



PHILADELPHIA  
AMERICAN  
LIFE INSURANCE COMPANY

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## ***Claims Filing Instructions-Accident Policy***

*Following these instructions will avoid unnecessary delays in claim processing*

*Please provide the following:*

- *Complete the attached Supplement Health Claim Form and Authorization and submit with your claim. If the accident was related to a motor vehicle accident we need a copy of the MVA Report.*
- *In some cases we may require a more detailed statement about the circumstances of the accident. If so, we will notify you.*
- *An itemized statement showing the full name, address and Tax ID number of the provider of service. This itemized statement should include the patient's name, date of service and amount charged for each service*
- *The diagnosis (ICD) code for each date of service and the procedure (CPT or HCPCS) code for each service rendered*

*If you have any questions please call our Customer Service Department at 888-748-3040 extension 1331.*

*Completed Claim Forms and claims can be mailed or faxed to our offices.*

***Philadelphia American Life Insurance Company***

***Attention: Claim Department***

***PO Box 4884***

***Houston, TX 77210-4884***

***Fax: 281-368-7382***

***Email: [claimsdepartment@neweralife.com](mailto:claimsdepartment@neweralife.com)***