

# G.R. Murray

Is Committed To Resolving Your Claim Issues

It is important to carefully review your **Explanation of Benefits** statement. Always verify that your **Group Number** and **ID Number** are correct. The **Carrier Codes** will indicate how your claim was processed. Should you feel that your claim was processed incorrectly, call the **Customer Service Center** number listed on the Explanation of Benefits statement, for assistance.

*(Please Note: To avoid long hold periods, it is better to try either at the beginning of the workday or later in the week. Call volume is usually greater on Monday and Tuesday.)*

If you are dissatisfied with the way that your insurance carrier has processed your claim, you may complete the **Claim Assistance Form** located below, and fax to the **Employee Benefits Team** at **G.R. Murray: 609-924-9505**

## REQUEST FOR CLAIM ASSISTANCE

Group Name: \_\_\_\_\_ Group Policy #: \_\_\_\_\_

Primary Insured Full Name: \_\_\_\_\_

SS#: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Home Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone #: \_\_\_\_\_ E-Mail: \_\_\_\_\_

Patient Name: \_\_\_\_\_ Patient's Date of Birth: \_\_\_\_\_

Provider Name: \_\_\_\_\_ Date of Service \_\_\_\_\_

Provider Phone Number: \_\_\_\_\_ Participating / Non-Participating

Did you call the member services number on your I.D. card? If so, please provide date and name of person you spoke with: \_\_\_\_\_

Did you receive an Explanation of Benefits? \_\_\_\_\_ If so, please include with this form.

PLEASE BRIEFLY EXPLAIN YOUR CLAIM ISSUE: