



## How to Submit a Claim: Step by Step Guide

### 1. Go to [hccmis.com/downloads](http://hccmis.com/downloads), then click on "Claimant's Statement".

If you are submitting a claim for a Short Term Medical Plan (STM) please select your state before downloading the appropriate form(s).

If you experience multiple illnesses, please submit a claim form for each illness. For example, if you experience a sinus infection and suffer later from gastrointestinal issues, you will need to submit two claim forms.

Depending on your claim, you may also need one or more of the following forms:

**Non-U.S. Claim Form** - If you are submitting a claim outside the United States, please fill out and include the Non U.S. Claim Form

**Dental Claim Form** - Submit if you have a claim that requires dental care

**Accident Questionnaire** - Submit in addition to your claim form if you were injured during an accident (such as falling, sports injury, motor vehicle accident, etc.)

**Trip Cancellation Series** - Submit if you purchased Trip Cancellation coverage and experienced an unexpected situation involving your trip.

The screenshot shows the HCC Medical Insurance Services website. At the top, there is a navigation bar with links for Home, Insurance Plans, Customer Service, Find a Doctor, Producers, and Login. Below the navigation bar, there are three tabs: Claims Forms, Brochures, and How To Apply. The main content area is titled "YOUR CLAIM:" and contains two links: "Claimant's Statement (English)" and "La Declaracion del Reclamante (Espanol)". Below this, there is a section titled "FORMS YOU MAY NEED:" which lists various forms under "ENGLISH" and "ESPAÑOL". Under "ENGLISH", the forms listed are Non U.S. Claim Form, Dental Claim Form, Accident Questionnaire, Trip Cancellation Series, and CorpsCare. Under "ESPAÑOL", the forms listed are Spanish Non U.S. Claim Form, Formulario de Reclamacion Dental, and Cuestionario de Accidentes. Below the "ESPAÑOL" section, there is a "STM" section with a "Select State" dropdown menu. The footer of the website contains important information, privacy policy, terms of use, legal notice, careers, about HCC, contact us, site map, and blog. It also features logos for USAA Member, ACCREDITED BUSINESS, and Entrust, along with the HCC Medical Insurance Services address: 291 North Brack Street Suite 600 Indianapolis, IN 46204.

2. When the claimant's statement (or other form) is open, click the download button in the top right hand corner. It will look like a piece of paper with an arrow pointing down as shown below:

HCC Medical Insurance Services, LLC  
Box No. 2005  
Farmington Hills, MI 48333-2005  
1-800-995-2282 / 247-262-2132

**CLAIMANT'S STATEMENT AND AUTHORIZATION**  
(See reverse side for Directions for Submitting a Claim)

HCC Medical Insurance Services  
Box No. 2005  
Farmington Hills, MI 48333-2005

**PART A: Complete for all claims. \*\*All Checks and Correspondence Will Be Sent To The Address Below\*\***

Insured Name:		Claimant (Patient) Name:	
Sex:	Birthdate:	Sex:	Birthdate:
Home Telephone:	Mailing Address (Include Street Address, City, State, Country, and Postal Code):		
Work Telephone:			
Fax Number:			
E-mail address:			
Plan Number:	Certificate Number:		

- Citizenship of Claimant: \_\_\_\_\_ Home Country of Claimant: \_\_\_\_\_  
(Country where you principally reside & receive regular mail)  
Country Visited: \_\_\_\_\_  
(HCCMS may request a copy of your passport)
- Is the Claimant: A full-time Student? Yes No If yes, please provide the name and address of school: \_\_\_\_\_
- Is the Claimant: Employed? Yes No If yes, please provide the name and address of employer: \_\_\_\_\_
- Do you or any family members have other coverage (medical, indemnity or liability) which might help cover hospital and medical expenses? Yes No If yes, please provide the following: \_\_\_\_\_

3. Fill out the form completely by printing and filling out by hand, or you may fill it out on your computer if possible.

4. Go to [hccmis.com/customer-service](http://hccmis.com/customer-service), then click on "Go to Claims"

Expert Advice: 866-400-7106 Google Site Search

HCC Medical Insurance Services

Home Insurance Plans Customer Service Find a Doctor Producers Login

**Customer Service**  
from our World Service Center

**Contact Us**

**Claims**  
Submit a new claim or add to an existing one  
[Go to Claims](#)

**Sales**  
Request information about purchasing a policy  
[Go to Sales](#)

**Policies**  
Submit general questions about our policies, eligibility coverage, and more  
[Go to Policies](#)

**Support**  
Current customers may submit questions regarding existing policies here  
[Go to Support](#)

**Self-Service**

**Manage My Plan**  
Review or make changes to

**Travel Services**  
Review a list of travel

**Live Chat**

**Frequently Asked Questions**

Search HCCMS Help

Type your question here

**Top frequently asked questions**

- Do I need travel medical insurance?
- Which Atlas Travel plan should I purchase: Atlas America or Atlas International?
- After purchasing coverage, how can I build the company to be there if I need them?
- If I live in the USA, I can just add my parents to my current health insurance when they visit
- International medicine services

5. Fill out all information in the claims help request and upload the completed Claimant's Statement from steps 3 and 4.

The screenshot displays the HCC Medical Insurance Services Customer Service portal. The navigation bar includes links for Home, Insurance Plans, Customer Service (highlighted), Find a Doctor, Producers, and Login. The main heading is "Customer Service" with the tagline "From our World Service Center".

The form contains the following fields:

- First Name:** A text input field with the placeholder "Enter your first name".
- Last Name:** A text input field with the placeholder "Enter your last name".
- Email Address:** A text input field with the placeholder "Enter your email address".
- Message:** A large text area with the placeholder "Send us a message".
- File Uploads:** Two "Choose File" buttons, each followed by an orange "UPLOAD" button.

On the right side, there is a "Top frequently asked questions" section with four numbered items:

1. How do I buy prescription drugs?
2. How do I file a claim with my Atlas America? coverage?
3. If I have a Procedure w/ Test Done, Do I need to Get it Pre-certified with a StudentSecure? Plan?
4. What is pre-certification? When and how should I do it?

6. Click the Submit button at the bottom of the page. Your claim has been submitted!