

Plateau Insurance Company
Limited Benefit Group Supplemental Insurance
Member Claim Form

Underwritten by: Plateau Insurance Company
Administered by: Bay Bridge Administrators, LLC

Please include your certificate number on your claim. If you need assistance locating your certificate number, please contact our Claims Department at 800-845-7519.

To avoid delays in processing, please fill out the sections and pages which apply to your claim. You may mail, email, submit via online portal, or fax your completed claim form to:

Bay Bridge Administrators, LLC
P.O. Box 161690
Austin, TX 78716

Email: claims@bbadmin.com
Portal: portal.bbadmin.com
Fax: 512-275-9350

Please read the following instructions and complete this form carefully:

1. Completely fill out Parts 1 and 2 (Part 3 is optional).
2. Sign and date Part 4.
3. Remember to provide your Social Security Number and a copy of the Explanation of Benefits (EOB) from your major medical plan.
4. Attach a copy of your Explanation of Benefits (EOB) from your provider or hospital. The EOB will contain the amount your primary medical plan applied to your deductible, co-insurance, and/or co-pay.

Please note that if the EOB does not contain a description of the services provided, we will also need the UB-04 Form from your hospital or CMS-1500 Form from your provider. These forms are the standard billing forms utilized by healthcare facilities and providers. Your documentation should provide complete information on:

- a) Provider's Name and Address
 - b) Provider's Tax Identification and NPI Number
 - c) Diagnosis Code (ICD-10)
 - d) Charges/Cost of each treatment
 - e) Procedure Code (CPT)
 - f) Place of Service Code
5. Please submit your claim via mail, email, online portal, or fax provided on this form.

PART 1. CERTIFICATE HOLDER INFORMATION (REQUIRED FOR ALL CLAIMS)

Full Name (As it appears on your Social Security card):			
Date of Birth:		Social Security Number:	
Mailing Address:			Apt. #:
City:		State:	Zip Code:
Phone #:		E-mail Address:	
Employer/Group Name:		Employer/Group Phone #:	
Policy Certificate Number:	This claim is for: <input type="checkbox"/> Self <input type="checkbox"/> Spouse <input type="checkbox"/> Dependent		

PART 2. PATIENT INFORMATION (IF CLAIM IS FOR SPOUSE OR DEPENDENT CHILD)

Full Name (As it appears on Social Security card):	
Date of Birth:	Social Security Number:
Relationship:	Phone #:

**PART 3. PROVIDER INFORMATION
(ALL FIELDS REQUIRED FOR PAYMENT TO PROVIDER)**

Would you like this claim to be paid out to your Provider? Yes No

If yes, please provide:

Provider's Name:	Provider's Phone #:
Provider's Address:	
Provider's NPI #:	Provider's Tax-ID #:

PART 4. MEMBER SIGNATURE

Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

The above Statements are true to the best of my knowledge and belief.

Signature of Insured

Date

FRAUD WARNING

Alabama, Arkansas, District of Columbia, Louisiana, Massachusetts, New Mexico, Ohio, Rhode Island and

West Virginia: Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

Colorado: It is unlawful to knowingly provide false, incomplete or misleading facts or information to an insurance company for the purpose of defrauding or attempting to defraud the company. Penalties may include imprisonment, fines, denial of insurance and civil damages. Any insurance company or agent of an insurance company who knowingly provides false, incomplete, or misleading facts or information to a policyholder or claimant for the purpose of defrauding or attempting to defraud the policyholder or claimant with regard to a settlement or award payable from insurance proceeds shall be reported to the Colorado Division of Insurance within the Department of Regulatory Agencies.

Florida: Any person who knowingly and with intent to injure, defraud or deceive any insurance company files a statement of claim or an application containing any false, incomplete or misleading information is guilty of a felony of the third degree.

Kansas and Oregon: Any person who knowingly presents a materially false statement in an application for insurance may be guilty of a criminal offense and may be subject to penalties under state law.

Kentucky: Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance containing any materially false information or conceals, for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime.

Maine, Tennessee and Washington: It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties may include imprisonment, fines or a denial of insurance benefits.

Maryland: Any person who knowingly or willfully presents a false or fraudulent claim for payment of a loss or benefit or who knowingly or willfully presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

New Jersey: Any person who files an application containing any false or misleading information is subject to criminal and civil penalties.

Oklahoma: WARNING: Any person who knowingly, and with intent to injure, defraud or deceive any insurer, makes any claim for the proceeds of an insurance policy containing any false, incomplete or misleading information is guilty of a felony.

Vermont: Any person who knowingly presents a false statement in an application for insurance may be guilty of a criminal offense and subject to penalties under state law.

Virginia: Any person who, with the intent to defraud or knowing that he is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement may have violated the state law.

Pennsylvania and all other states: Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information, or conceals for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime and subjects such person to criminal and civil penalties.