



To: Plan Participants
From: NCAS
Date: January 2003
Re: Claims Filing Instructions

You do not need a claim form to file your health/dental claims. Just mail your itemized bill from the provider to the NCAS address shown on your identification card and be sure to include the following information on the bill:

- 1. Employee Name**
- 2. Identification number**
- 3. Patient Name**
- 4. Employer Name or Group Number**
- 5. Provider's Tax ID Number (TIN)**
- 6. Provider's signature**

Please note that balance due bills are not acceptable. The bill must include the *date of service and a charge for each service*. If you have any questions about claims filing, please call customer service at

(800) 888-6227
Monday - Thursday 8:30 AM to 7:00 PM
Friday 8:30 AM to 5:00 PM