



**Claim Submission
Instruction Card**

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ID: #####

Group #: @ @ @ @ @

EDI Payer: 59222

TransConnect is a supplemental out-of-pocket medical expense indemnity insurance policy, not major medical insurance. Please provide a copy of this card to your hospital or physician in order for them to submit the detailed claim via EDI or mail. Then, you, the patient, will need to submit your major medical explanation of benefits (EOB) from your health insurance company to our address below. Claim payment is made directly to the Provider unless otherwise instructed by the employee.

**Customer Service: 1-800-251-725
FAX: 1-866-586-6528**

**Transamerica Worksite Marketing
P.O. Box 8043
Little Rock, AR 72203-8043**



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P.O. Box 8043
Little Rock, AR 72203-8043**

If You Prefer to File the Claim Yourself:

- A. Complete the TransConnect claim form sent in your employee information kit or call Transamerica Worksite Marketing Customer Service, 1-800-251-7254.
- B. Include your major medical explanation of benefits (EOB) sent to you from your health insurance company.
- C. Include an itemized statement from your provider including a description of service(s) rendered (procedure) and reason for the service(s) (diagnosis).
- D. You may include narrative descriptions in your claim submission if numerical diagnosis and procedure codes are not available.
- E. If the provider does not submit the claim directly to us, then appropriate benefit payment will be sent directly to the employee.
- F. Submit you claim to:
Transamerica Life Insurance Company
P.O. Box 8043
Little Rock, AR 72203-8043
FAX: 1-866-586-6528

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