



OLD SURETY LIFE

INSURANCE COMPANY

P.O. BOX 54407 - OKLAHOMA CITY, OK 73154-1407

405-523-2112

Toll Free # 1-800-272-5466

Fax # 1-405-524-4011

Hearing, Dental & Vision
Claim Submission Cover Page

"Serving you
- since '32"

Subscriber Information (Required)

First Name		M.I.	Last Name	
Policy Number		Date Of Birth (MM/DD/YYYY)		
Street Address		City	State	Zip Code
E-Mail		Phone Number Cell <input type="checkbox"/> Home <input type="checkbox"/>		

Patient Information (Required)

First Name		M.I.	Last Name	
Phone Number Cell <input type="checkbox"/> Home <input type="checkbox"/>		Date Of Birth (MM/DD/YYYY)		
Relationship to Subscriber Self <input type="checkbox"/> Spouse <input type="checkbox"/> Child <input type="checkbox"/> Other <input type="checkbox"/>				

Required Claim Documentation

In order to submit a claim you must provide a receipt or itemized bill that includes all of the following information. Any receipt or itemized bill missing any of the required pieces of information could result in delay or denial of your claim. All claims MUST be submitted within 12 months from the date of service.

- Provider Name
- Date the service was performed (This may not be the same as the date you paid)
- Patient Name (It must say the patients name, not the subscribers)
- Procedures performed, with valid procedure codes
- Amount charged per procedure
- Scans or copies are preferred. If you send a picture, it MUST be clear and legible or it will delay processing

If you wish to submit the claims yourself, you can ask your provider for an itemized bill when you're paying and it should have this information on there.

Submit Claims to:

Mail: PO BOX 54407
Oklahoma City, OK 73154

Fax: (405)-524-4011 ATTN:HDV

Email: HDV@oldsurety.com

I hereby authorize any provider, organization, employer, ophthalmologist, optometrist, optician, dentist, audiologist, and otolaryngologist, to release to my insurance carrier any and all information necessary to process this claim. I certify that the information furnished by me in support of this claim is true and correct.

Signature

Date
