

Contact us

Processing center

P.O. Box 100195
Columbia, SC 29202-3195

Contact Center representatives are available Monday through Friday, 8 a.m. – 8 p.m. EST. Automated service information is available 24 hours a day, 365 days a year.

Telephone

1-800-325-4368

Call us to:

- Check the status of your claim
- File wellness claims
- Get answers to other policy questions

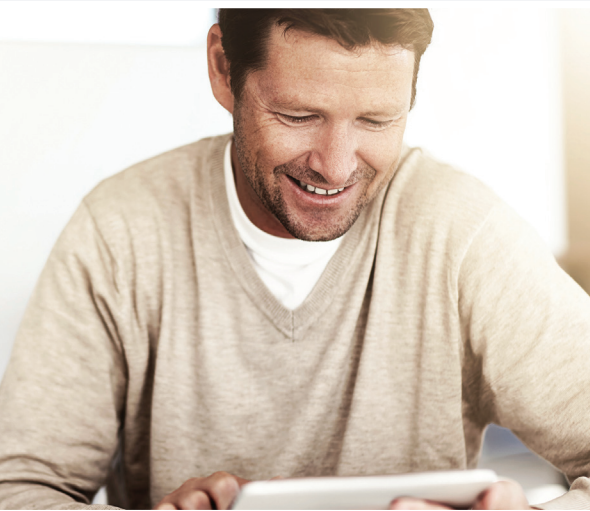
Please have your Social Security or policy number available when you call.

Hearing-impaired customers

1-803-798-4040

If you do not have a TDD, call Voiance Telephone Interpretation Services.

1-844-495-6105



This service guide provides easy instructions to help you access policy information, file a claim and contact us.

Obtain a claim form

Download forms from Colonial-PaulRevere.com.

OR

Call **1-800-325-4368**.

What you need to file a claim

- Have your policy number available.
- Keep your medical records from your appointment(s) (date, reason for visit, etc.).
- Know ahead of time how to get information related to your work (human resources, the owner of the company, etc.).

Tips to help you file a claim quickly and easily

- To help avoid delays, make sure to fill out all sections of the claim form before sending it.
- It is important to read and sign the authorization page of your claim form. Without your signature, we won't be able to request additional information from your doctor.
- Keep a copy of all documentation you send us.
- If your claim is for illness or disability, we may need to communicate with your doctor or request your medical records.
- For disability claims, the doctor needs to verify the dates of disability and provide dates of treatment. Your employer needs to confirm dates you missed from work.

Easy filing for wellness claims

- For wellness screenings performed less than 36 months from the date you file your claim, call **1-800-325-4368**.
- For wellness screenings performed more than 36 months from the date you file your claim, submit a bill showing the date and type of your wellness screening and the name and telephone number of the provider who performed the test.

Submitting your claim

Fax the form to **1-800-880-9325**. Include your name and Social Security number on each page of your fax.

If you fax the claim, you do not need to mail the original document to us; keep this for your records.

OR

Mail the completed forms to:

P.O. Box 100195, Columbia, SC 29202-3195