It's easy to file a claim by phone

Policy number 100000044
Group name Lewisville Independent School District

Call 888-499-0425 to report your claim

For all claim submissions, please be ready to provide:

All claims	• Information for you or your dependents including, but not limited to: – *Name, birthdate, address, phone number, email address* • Your employer's name, group policy number, and date of hire

Additional details needed by claim type:

Wellness claims	• Date and type of screening • Name and contact information for your treating physician(s), hospital, or clinic
Hospital claims	• Details surrounding your hospital admission, including the reason for hospitalization, description of when, where, and what happened, admission date and nature of treatment • Name and contact information for your treating physician(s), hospital, or clinic • For any accident-related claim with police or other emergency services, you may be asked to provide a copy of the report • You may be asked to provide proof of treatment such as emergency records, itemized bills, admit/discharge summary

What can I expect next?

- You may be asked to sign an Authorization Form so that we can request medical records or other information to assess your claim. We will send you the form and ask that it be completed, signed, and returned.
- You may be asked to provide an Attending Physician Statement from your provider. We will send the form to you and ask that you contact your physician to complete and return.
- Your assigned claims adjuster may be in contact for any additional information needed as well as discussion of benefits and payment details.

Questions?

Please call **888-499-0425**
or send an email to
CWBSpecialMarketService@chubb.com