

## Your Insurance Department



Dear Customer,

KBIC is here to help you understand your benefits and navigate the claims environment. Our service is not a guarantee of payment but is intended to expedite information flow between you, your insurance company and your medical provider. You remain ultimately responsible for your outstanding invoices. Please provide us with the information below so we can get to work on your behalf.

I, \_\_\_\_\_ authorize KBIC (Rob Brogan, Andy Kaelin, Jennifer Siegel) to review my protected health information (PHI) and establish web access to my insurance account. I understand the nature of this service listed above.

- a. If you are insured with Federated, Anthem, All Savers, or United Healthcare also fill out your carrier specific release located at [www.kbicresults.com/kbic-aso](http://www.kbicresults.com/kbic-aso) and return along with this form.
- b. If you are using this form to access reimbursement for an H R A please attach your EOB that you would like reimbursement for and describe your reimbursement situation in the General Discription section.

Date: \_\_\_\_\_

Full Name (First, Middle, Last) \_\_\_\_\_

DOB: \_\_\_\_\_

Home Address: \_\_\_\_\_

Email Address: \_\_\_\_\_

Daytime Phone (Cell) \_\_\_\_\_

Social Security Number \_\_\_\_\_

Group ID # (Front of Insurance Card): \_\_\_\_\_

Member ID # (Front of Insurance Card): \_\_\_\_\_

Status Enrolled (Single, E C, E S, Family): \_\_\_\_\_

Health Insurer Website Username: \_\_\_\_\_

Health Insurer Website Password: \_\_\_\_\_

Customer Service Phone Number (back of Health ID card): \_\_\_\_\_

General Description of Issue \_\_\_\_\_

Signature \_\_\_\_\_ DATE \_\_\_\_\_

\*\*Please scan and email or fax this form along with the EOB/billing statement in question and your carrier specific release to [jsiegel@kbicresults.com](mailto:jsiegel@kbicresults.com) or (888) 519-3217.