



TOKIO MARINE
HCC

MIS GROUP

A Guide to Claims for Producers

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A Guide to Claims for Producers

We strive to keep our shared claims experience as straightforward as possible. Our claims department processes claims based on the terms and conditions described in the member's policy. This guide applies to domestic and international claims submitted both in-network and out-of-network.

Filing a Claim

Claims Process for Claims Incurred within the United States

- Members will present their insurance ID card to the medical provider at the time of service.
- Unless the member is required to pay for medical treatment at the time of service, the provider will submit the claim to TM HCC – MIS Group directly.
 - *If the member is required to pay for medical treatment at the time of service, they must keep their receipts and invoices.
- TM HCC – MIS Group will send a letter to the member notifying receipt of claim.
- TM HCC – MIS Group may also request a **Claimant's Statement and Authorization form**.
 - *If the member was required to pay for medical treatment at the time of service, TM HCC – MIS Group will also request receipts and invoices from the member.
- The member must submit the **Claimant's Statement and Authorization form**, along with any other requested documents, to TM HCC – MIS Group within 45 days of the original request. The member should keep a copy of all submitted documents for their records.
- Once the Claimant's Statement and Authorization form is fully completed and received, TM HCC – MIS Group may request medical records from billing providers and/or any medical provider within the pre-existing condition look back period. TM HCC – MIS Group requests to receive this information within 45 days of the original request.
 - *If medical records are requested, the member may reach out to the billing provider(s) and/or medical provider(s) to obtain copies. However, this is typically the provider's responsibility.
- TM HCC – MIS Group will complete the claims process once we have all the necessary information.
- If the claim is deemed eligible, TM HCC – MIS Group will secure any preferred provider discounts, if applicable.
- During this process, the member may visit Client Zone at <https://zone.hccmis.com/clientzone/> to check the status of their claim.

Claims Process for Claims Incurred outside the Unites States

- Members will present their insurance ID card to the medical provider at the time of service.
- Unless the provider will be billing TM HCC – MIS Group directly, the member will pay for treatment at the time of service.
- The member should collect all medical provider names, addresses, and invoices for their records.
- The member must then complete and submit the **Claimant's Statement and Authorization form**, along with all receipts and invoices, to TM HCC – MIS Group. The member should keep a copy of all submitted documents for their records.
- Once the Claimant's Statement and Authorization form is fully completed and received, TM HCC – MIS Group may request medical records from billing providers and/or any medical provider within the pre-existing condition look back period.
- Once the Claimant's Statement and Authorization form is fully completed and received, TM HCC – MIS Group may request medical records from billing providers and/or any medical provider within the pre-existing condition look back period.
- If additional information is requested, the member must submit the requested documents to TM HCC – MIS Group within 45 days of the initial request. The member should keep a copy of all submitted documents for their records.
- TM HCC – MIS Group will complete the claims process once we have all the necessary information.
- During this process, the member may visit Client Zone at <https://zone.hccmis.com/clientzone/> to check the status of their claim.

Completing and Submitting a Claimant's Statement and Authorization Form

The member must complete, sign, and submit a **Claimant's Statement and Authorization form** for every incident. This can be done in one of two ways:

- Complete and submit the form electronically via **Client Zone** at <https://zone.hccmis.com/clientzone/> OR
- Download and print the form via the **TM HCC – MIS Group website** at <https://www.hccmis.com/claims-resource-center/> and mail a completed copy to:

**Tokio Marine HCC – MIS Group
Claims Department
Box. No. 2005
Farmington Hills, MI 48333-2005
U.S.A.**

TM HCC – MIS Group is also happy to fax, e-mail, or mail a **Claimant’s Statement and Authorization form** to the member upon request.

IMPORTANT NOTE FOR STUDENTS:

For eligibility purposes, students must submit the following along with the **Claimant’s Statement and Authorization form**:

- A copy of their education-related visa (F1, J1, OPT, etc.) or valid I-20/DS2019
- Proof of full-time student status (not necessary if submitting a valid F1 visa including OPT, or J1 visa)

If members have questions or need assistance, they can call global customer support at **(800) 605-2282**.

Direct Billing and Claims Reimbursement Process

We encourage providers to bill us directly, rather than requiring immediate payment from the member. While we are always willing to pay providers directly for eligible claims, we cannot guarantee that the provider will accept the member’s proof of insurance at the time of service.

If Providers Are Willing to Bill Us Directly:

The member must authorize the payment of medical benefits to the provider by signing and dating the section of the **Claimant’s Statement and Authorization form** labeled “2C. Assignment of Benefits Authorization.” The member will find section 2C under “Part C: Medical Record Authorization.”

Providers must mail itemized bills, including diagnosis, to:

**Tokio Marine HCC – MIS Group
Claims Department
Box No. 2005
Farmington Hills, MI 48333-2005
U.S.A**

If Providers Are Unwilling to Bill Us Directly:

The member must pay for medical treatment at the time of service and file a claim for reimbursement.

The member must:

1. Complete a **Claimant's Statement and Authorization form**
2. Attach the original itemized bills and paid receipts
3. Mail it to us at:

**Tokio Marine HCC – MIS Group
Claims Department
Box No. 2005
Farmington Hills, MI 48333-2005
U.S.A**

We encourage the member to make copies of all of the documentation (Claimant's Statement and Authorization forms, bills, and receipts) they send to us for their own records.

IMPORTANT NOTE FOR THE MEMBER:

It is common for the claims department to request copies of medical records related to a claim or to the patient's medical history. The claims department may require individuals who sought treatment outside the U.S. to obtain the medical records related to their claim and submit them to us. If we request additional information, further processing time may be necessary, depending on the response time of the parties from whom we requested the information.

We are not able to pay a provider in advance of services rendered. While the member may contact us at any given time to verify their benefits, this is not a guarantee that the charge is covered. We must have the ability to investigate a claim before determining whether it is eligible for payment.

Claims Review Process

A TM HCC – MIS Group Claims Examiner will review the claim to determine if it can be processed or if more information is needed.

If more information is needed, the examiner will send a “Request for More Information” letter by mail to the member and/or the medical provider.

NOTE: If the member has an address outside the U.S., they may receive their “Request for More Information” letter via email.

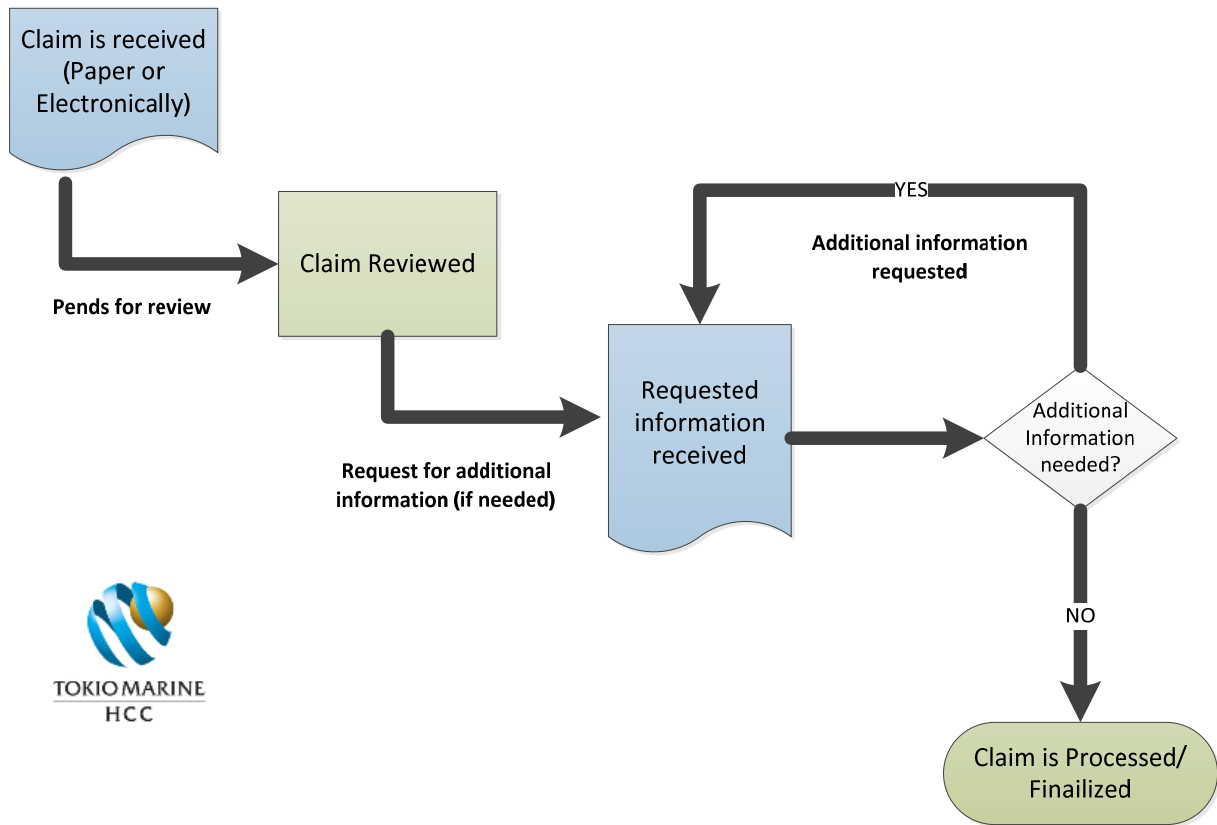
The member may respond to the “Request(s) for More Information” by taking one of the following actions:

- Upload the requested document(s) via **Client Zone** at <https://zone.hccmis.com/clientzone/> or <https://service.hccmis.com/>
- Mail the requested document(s) to:

**Tokio Marine HCC – MIS Group
Claims Department
Box No. 2005
Farmington Hills, MI 48333-2005
U.S.A**

Refer to the exhibit in Appendix 2 to reference the various types of letters sent out to members by TM HCC – MIS Group.

NOTE: *If the member or medical provider does not respond within 45 days of the initial request for more information, the claim may be closed.*




Submitting the Claimant’s Statement and Authorization and/or Authorization to Disclose Protected Health Information (HIPAA) Forms via Client Zone

You can find the **Claimant’s Statement and Authorization** and **Authorization to Disclose Protected Health Information (HIPAA) forms** online via **Client Zone**, our self-service portal for policyholders.

To access **Client Zone**, the member will first need to register an account. (Please refer to the “Registering and Viewing Claim Status” section of this document for registration instructions).

If an account is registered, the member will need their insurance policy certificate number and password (created during the time of registration). For limited access, the member may also log into **Client Zone** using their certificate number and date of birth.


 TOKIO MARINE
HCC

Client Zone

Welcome Policyholders!

Welcome to Tokio Marine HCC - Medical Insurance Services Group Client Zone. We are pleased to offer you powerful tools that will help you access your policy information quickly and efficiently.

Certificate #





Password

Login

[Forgot Password?](#)

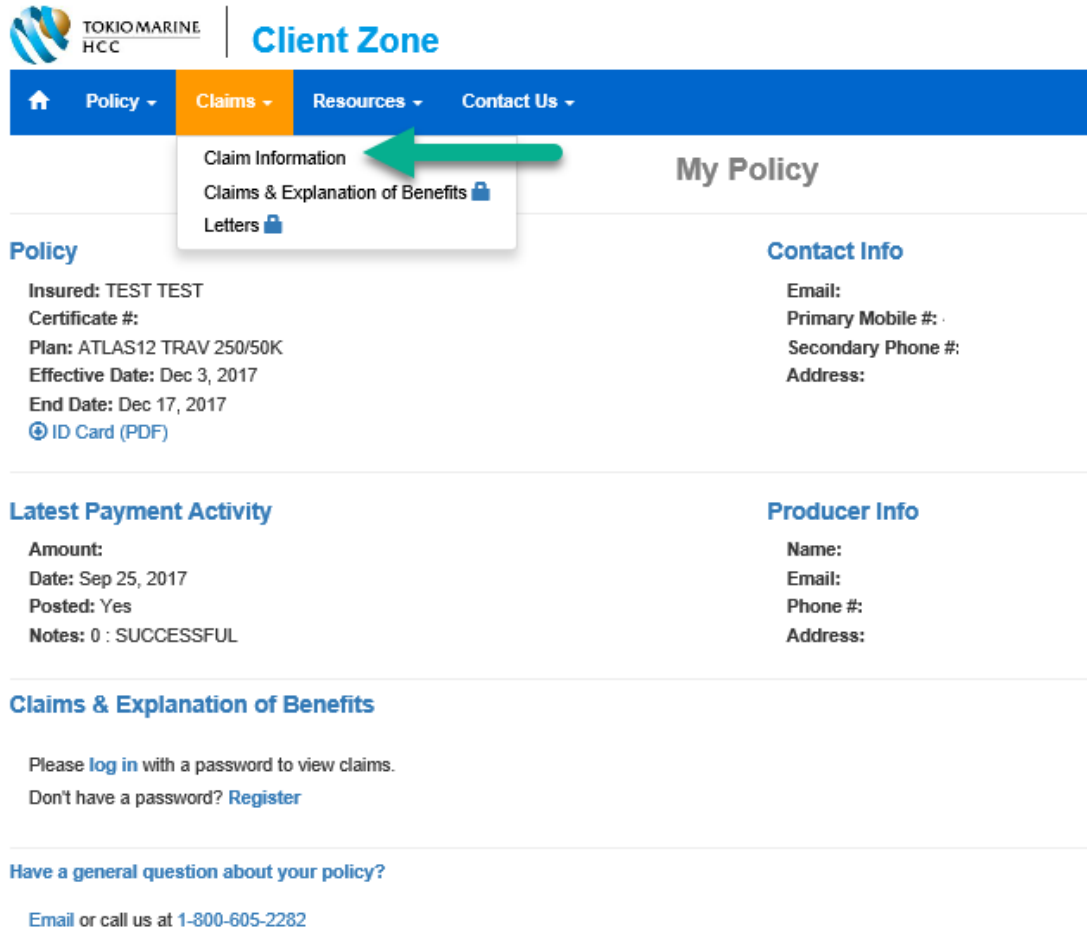
[Register New Account?](#)

For limited access, log in with insured's date of birth?



[Important Information](#) | [Privacy Policy](#) | [Terms of Use](#) | [Cookie Settings](#)

After logging into **Client Zone**, the following screen will appear (below). In the navigation bar, click on **“Claims.”** Then select **“Claim Information”** in the drop-down menu.



The screenshot displays the Client Zone interface. At the top left is the TOKIO MARINE HCC logo. The main header is "Client Zone". Below this is a navigation bar with a home icon, "Policy", "Claims", "Resources", and "Contact Us". The "Claims" menu is open, showing "Claim Information", "Claims & Explanation of Benefits", and "Letters". A green arrow points to "Claim Information". The main content area is titled "My Policy" and is divided into several sections: "Policy" (Insured: TEST TEST, Certificate #, Plan: ATLAS12 TRAV 250/50K, Effective Date: Dec 3, 2017, End Date: Dec 17, 2017, ID Card (PDF)), "Contact Info" (Email, Primary Mobile #, Secondary Phone #, Address), "Latest Payment Activity" (Amount, Date: Sep 25, 2017, Posted: Yes, Notes: 0 : SUCCESSFUL), "Producer Info" (Name, Email, Phone #, Address), "Claims & Explanation of Benefits" (Please log in with a password to view claims. Don't have a password? Register), and "Have a general question about your policy?" (Email or call us at 1-800-605-2282).

On the “Claim Information” page, click the “Select” button in the “Claim Forms” section.

The screenshot shows the Client Zone website interface. At the top left is the TOKIOMARINE HCC logo. To its right is the text "Client Zone". On the top right, it says "Hello Taneshia Brown!" and "Log off". Below this is a blue navigation bar with a home icon and links for "Policy", "Claims", "Resources", and "Contact Us". The main content area is titled "Claim Information" and contains three sections: "Claim Forms", "Medical Referrals", and "Frequently Asked Questions". Each section has a "SELECT" button. A green arrow points to the "SELECT" button in the "Claim Forms" section.

Claim Information

Claim Forms
Complete and submit claims forms online or download to complete and mail them in. **SELECT**

Medical Referrals
You are always free to use the medical providers of your choice. Added benefits in the US are available for some plans when the care is provided by a physician within the Preferred Provider Organization (PPO). Tokio Marine HCC - Medical Insurance Services Group uses the First Health network as its PPO listing. You may search for providers within the First Health network by clicking here. **SELECT**

We strive to provide the most accurate information possible. However, the website is continually being updated, so we encourage you to confirm PPO participation with the doctor. When you make an appointment with the provider, you should verify with the provider's business office that they are indeed contracted with First Health (if a contract has recently been changed, it might not yet be reflected on the website).

Use of a PPO provider does not guarantee that the provider will be willing to bill Tokio Marine HCC - Medical Insurance Services Group directly or that the services will be covered by the insurance. Tokio Marine HCC - Medical Insurance Services Group strives to provide the most accurate information possible, but the PPO listing is information only. We do not recommend the services of these providers over any others. The ultimate choice to seek medical treatment is yours.

Frequently Asked Questions
Have additional questions? **SELECT**

After clicking the “Select” button, the following page will appear (below):

TOKIO MARINE HCC | **Client Zone** Hello Log off

Home Policy Claims Resources Contact Us

Claim Submission Forms

Section 1 - Complete forms electronically via DocuSign ~OR~ Section 2 - Complete forms by hand and mail

Section 1 - Complete forms via DocuSign and submit
****Please note that this form only allows up to 3 attachments. If you have additional attachments, please email them to service@hccmis.com or mail to the address listed below.**

Claimant's Statement and Authorization Form
Authorization to Disclose Protected Health Information (HIPAA)

****If forms other than the Claimant Statement or HIPAA form needs to be completed, please print .pdf from menu below to complete and mail back to Tokio Marine HCC - Medical Insurance Services Group.**

Section 2 - PRINT forms to complete and mail

Paper Form - Mail to: Tokio Marine HCC - MIS Group Box No. 2005 Farmington Hills, MI 48333-2005	Online Form - Go to: www.hccmis.com/claimform Email: service@hccmis.com
---	--

Claimant's Statement - (PDF 49 KB)
Health Insurance Portability and Accountability Act (HIPAA) - PDF (306 KB)

The member will be presented with two options for filling out the **Claimant’s Statement and Authorization and/or Authorization to Disclose Protected Health Information (HIPAA) Forms**:

Section 1 – Complete forms via DocuSign and submit *(most efficient approach)*

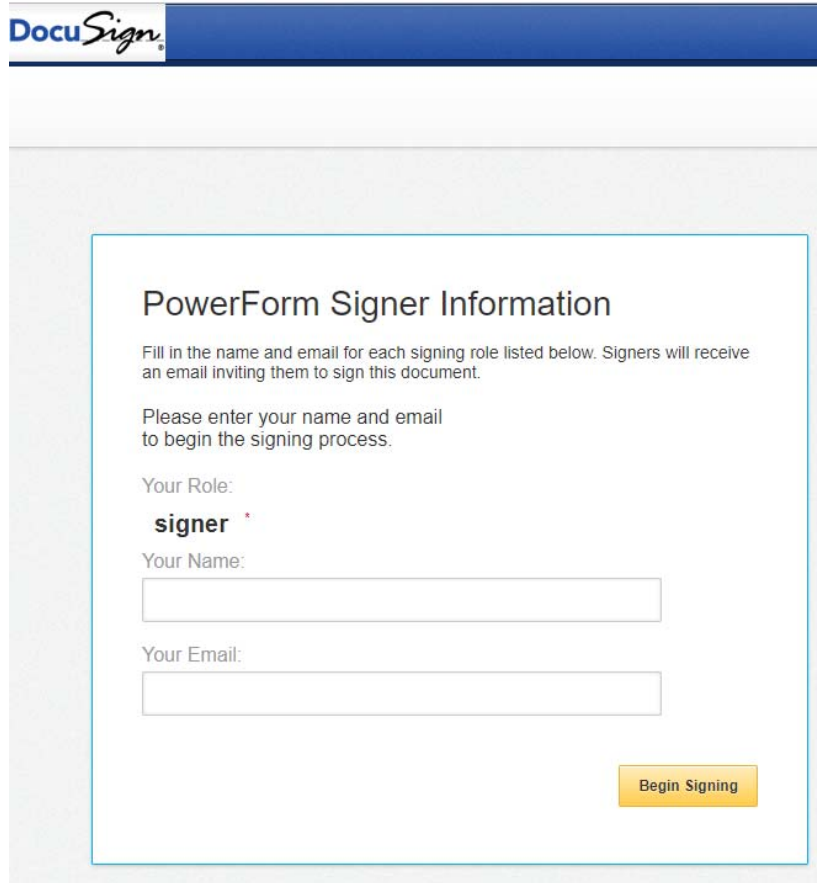
- OR -

Section 2 – Print forms to complete and mail

Section 1 - DocuSign Option

The member will need to select the “**Claimant’s Statement and Authorization form**” or the “**Authorization to Disclose Protected Health Information (HIPAA) form**” link to start the *Confidential and Proprietary. Do not copy without written permission from Tokio Marine HCC – MIS Group.*

DocuSign submission process. The member will be instructed to complete the “PowerForm Signer Information” by entering their name and email address to begin the DocuSign process.



The image shows a screenshot of a DocuSign web form titled "PowerForm Signer Information". The form is enclosed in a light blue border and contains the following text and fields:

- DocuSign** logo in the top left corner.
- PowerForm Signer Information** title.
- Instructional text: "Fill in the name and email for each signing role listed below. Signers will receive an email inviting them to sign this document."
- Text: "Please enter your name and email to begin the signing process."
- Label: "Your Role:" followed by a dropdown menu showing "signer" with a red asterisk.
- Label: "Your Name:" followed by a text input field.
- Label: "Your Email:" followed by a text input field.
- A yellow "Begin Signing" button at the bottom right.

The member will receive an email notification and link to complete either the Claimant’s via DocuSign. When completing the form via DocuSign, the member has the option to submit up to three supporting documents. For any additional documents, the member may attach and email to service@hccmis.com.

Section 2 - Print and Mail Option

In Section 2, click on the link to download and print the form(s). **Important Notice: The member is required to complete and sign the forms when sending by mail. If TM HCC – MIS receives the form without a signature, we are unable to process the claim.**

Registering and Viewing Claims Status via Client Zone

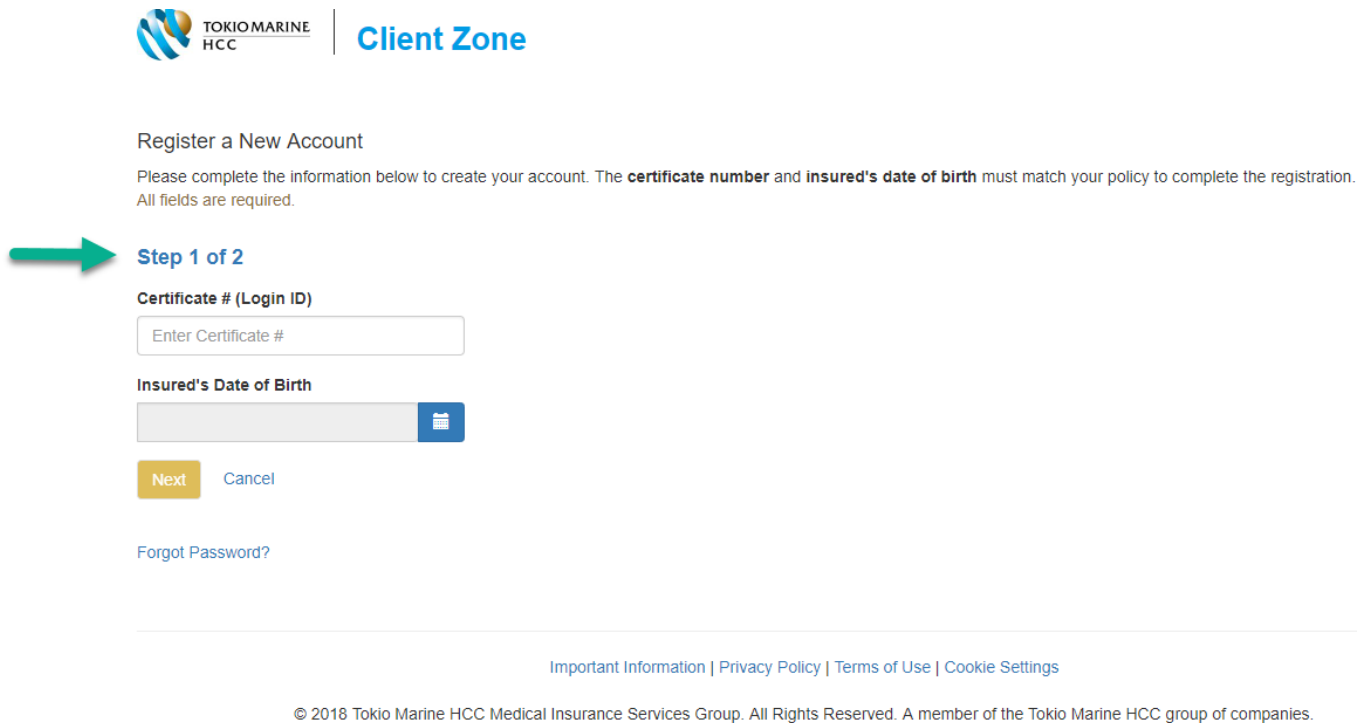
Client Zone allows the member to view and track their claim status as well as update personal information. In order to access this functionality, the member must register for an account within **Client Zone** before logging in.


Follow the steps below to register for a new account in **Client Zone**.

Registering a New Account

Step 1 of 2 (image shown below)


- 1) Enter the certificate number located on the fulfillment documents or ID card
- 2) Enter the member's date of birth
- 3) Click "**Next**" (a new password will be sent to the member via email)



 TOKIOMARINE HCC | **Client Zone**


Register a New Account

Please complete the information below to create your account. The **certificate number** and **insured's date of birth** must match your policy to complete the registration. All fields are required.

 **Step 1 of 2**

Certificate # (Login ID)

Insured's Date of Birth



[Forgot Password?](#)

[Important Information](#) | [Privacy Policy](#) | [Terms of Use](#) | [Cookie Settings](#)

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Step 2 of 2 (image shown below)

- 1) Create a password and confirm
- 2) Select a security question
- 3) Enter the answer to the security question
- 4) Enter a valid email address to receive notification
- 5) Click the checkbox and agree to the terms and conditions
- 6) Click **“Register”**



Register a New Account

Please complete the information below to create your account. The **certificate number** and **insured's date of birth** must match your policy to complete the registration.
All fields are required.

Step 2 of 2

Certificate # (Login ID)

E9190744100

Insured's Date of Birth

10 Oct 1990

Password

Password is case sensitive, must be at least 8 characters in length and should contain at least 1 number and 1 character.

Confirm Password**Security Question****Security Answer****Email****Terms and Conditions**

I agree to the [Terms and Conditions](#)

If an account has already been created and the member have forgotten their password, click on **“Forgot Password?”** from the main login screen and complete the requested information. A temporary password will be generated and sent to the member’s email address.

Once a new account has been created, the member may enter their credentials and log into **Client Zone**. Claims information can be found on the main navigation bar titled “Claims”. The member can also access “**Claim Information**”, “**Claims & Explanation of Benefits**” and view claim related “**Letters**” in the drop-down menu.

The screenshot displays the Client Zone interface. At the top left is the TOKIO MARINE HCC logo. The main navigation bar is blue and contains links for Home, Policy, Claims, Resources, and Contact Us. The Claims link is highlighted in orange, and its dropdown menu is open, showing options for Claim Information, Claims & Explanation of Benefits, and Letters. A green arrow points to the 'Claims & Explanation of Benefits' option. The page title is 'My Policy'. Below the navigation bar, there are four sections: Policy, Contact Info, Latest Payment Activity, and Producer Info. The Policy section lists details for 'Insured: TEST TEST', including certificate number, plan name (ATLAS12 TRAV 250/50K), effective date (Dec 3, 2017), end date (Dec 17, 2017), and a link to the ID Card (PDF). The Contact Info section lists email, primary mobile number (4019963524), secondary phone number, and address. The Latest Payment Activity section shows a successful payment on Sep 25, 2017. The Producer Info section lists name, email, phone number, and address.

Client Zone Hello Test Test! Log off

Home Policy - Claims - Resources - Contact Us -

Claim Information
Claims & Explanation of Benefits
Letters

My Policy

Policy
Insured: TEST TEST
Certificate #:
Plan: ATLAS12 TRAV 250/50K
Effective Date: Dec 3, 2017
End Date: Dec 17, 2017
[ID Card \(PDF\)](#)

Contact Info
Email:
Primary Mobile #: 4019963524
Secondary Phone #:
Address:

Latest Payment Activity
Amount:
Date: Sep 25, 2017
Posted: Yes
Notes: 0 : SUCCESSFUL

Producer Info
Name:
Email:
Phone #:
Address:

Claims & Explanation of Benefits

The “Claims & Explanation of Benefits” section is populated with the following information. In addition, a screen sample is provided below.

LABEL/HEADING	PURPOSE
Certificate Number	Certificate number issued by TM HCC – MIS Group
Patient	Patient name of record
Claim Number and link to Explanation of Benefits (EOB)	Claim number generated by TM HCC – MIS Group (a link to the EOB will be provided when the claim has been finalized)
Provider	Provider name (includes total charges and payment amounts to provider)
Status/Reason	Indicates if a claim is in a “pending” or “completed status” (includes reason codes)
Date(s)	Dates: Incurred – Actual date of service that the member received Received – Date TM HCC – MIS Group received the claim Processed – Date the claim was finalized

My Card (PDF)

Update Contact

Latest Payment Activity

Amount: \$1,092.00
Date: May 22, 2016
Posted: Yes
Notes: 0 : SUCCESSFUL

Is payment posted?

Producer Info

Name: ABC Corp
Email: ABC@XXX.com
Phone #: 888-247-1387
Address: International Corp Neptune Beach, FL 32266

Claims & Explanation of Benefits

Items per Page 5


Certificate #	Patient	Claim #	Provider	Status/Reason	Date
<input type="text" value="search cert #"/>	<input type="text" value="search path"/>	<input type="text" value="search claim"/>	<input type="text" value="search provider"/>	<input type="text" value="search status/reason"/>	
Axxxxx	Test	21xxxx- XX Ⓞ EOB	Total Charge: \$1,000.00 Payment Amount: \$0.00 Patient's Responsibility: \$1,000.00	Completed Processing Patient not eligible for coverage on date of service	Incurred: Nov 6, 2017 Received: May 14, 2018 Processed: May 16, 2018
Axxxxx	Test	21xxxx- XX Ⓞ EOB	Total Charge: \$93.00 Payment Amount: \$0.00 Patient's Responsibility: \$93.00	Completed Processing THIS CLAIM HAS BEEN CLOSED DUE TO LACK OF REQUESTED INFORMATION FROM THE PATIENT. TO RE-OPEN THIS CLAIM, THE PATIENT SHOULD SUBMIT A FULLY COMPLETED CLAIMANT'S STATEMENT AND AUTHORIZATION FORM, RECEIVED WITHIN TIMELY FILING PROVISIONS OF THE POLICY.	Incurred: May 23, 2017 Received: Jul 11, 2017 Processed: Nov 8, 2017
Axxxxx	Test	21xxxx- XX Ⓞ EOB	Total Charge: \$495.00 Payment Amount: \$0.00 Patient's Responsibility: \$495.00	Completed Processing THIS CLAIM HAS BEEN CLOSED DUE TO LACK OF REQUESTED INFORMATION FROM THE PATIENT. TO RE-OPEN THIS CLAIM, THE PATIENT SHOULD SUBMIT A FULLY COMPLETED CLAIMANT'S STATEMENT AND AUTHORIZATION FORM, RECEIVED WITHIN TIMELY FILING PROVISIONS OF THE POLICY.	Incurred: May 9, 2017 Received: Jun 30, 2017 Processed: Sep 11, 2017

Additional Functionality within the “Claims & Explanation of Benefits” Section

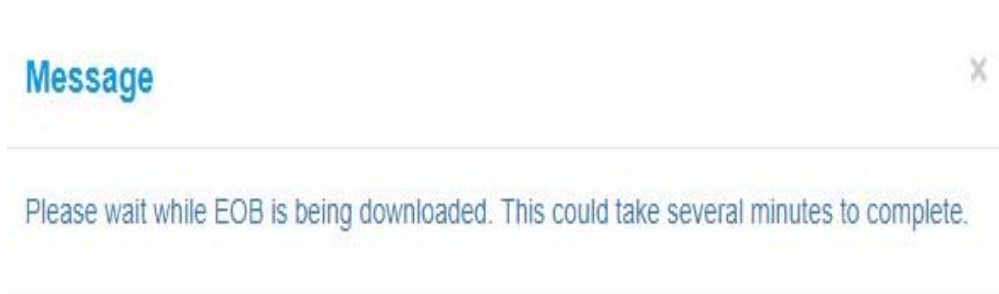
How to View an EOB (Under “Claim #” Section)

When finalized, each claim will typically have an “Explanation of Benefits” (EOB) associated with it. To view the EOB, click on “EOB.”

Certificate #	Patient	Claim #
<input type="text" value="search cert #"/>	<input type="text" value="search patient"/>	<input type="text" value="search claim #"/>
		217-0000081692-00 Ⓞ EOB



After clicking on the EOB icon, a message will appear notifying the member that the EOB is downloading.



Open the downloaded PDF document on the computer or mobile phone to view the EOB. The EOB document can also be saved to a device or printed.

An Example EOB is shown in Appendix 1 which displays the various data elements contained within a standard EOB from TM HCC – MIS Group.

Appendix 1

EOB Example

Page 1 of 1 JB72 [35,680] 1 of 1



Tokio Marine HCC – MIS Group
PO BOX 2005
FARMINGTON HILLS MI 48333-2005

Forwarding Service Requested

*****MIXED AADC 200 97
35660 1 NB 0.423

Member Name
Address
Address
City, State Zip

Explanation of Benefits

**RETAIN FOR TAX PURPOSES
THIS IS NOT A BILL**

Customer Service
Date: 04/17/17
Phone: 800-605-2282
Web Address: Questions? <http://service.hccmis.com>
Mail to: Tokio Marine HCC - MIS Group
P.O. Box 2005
Farmington Hills, MI 48333-2005

Certificate #: A00000000		Provider: GEORGE WASHINGTON U HOSPITAL				Network: First Health					
Claim #: 217-000000000-00		Patient: John Doe									
Dates of Service	Service Code	Total Charge	Not Covered	Reason Code	Less Discount	Less Deductible	Less Co-Pay	Amt. Subject to Coinsurance	Paid At of Coinsurance	Patient's Share	Payment Amount
10/30-10/30/2016	0250	\$887.57	\$0.00	05	\$266.58	\$31.43	\$0.00	\$589.56	100%	\$0.00	\$889.56
10/30-10/30/2016	0450	\$1,754.50	\$0.00	05 106	\$526.96	\$0.00	\$200.00	\$1,027.54	100%	\$0.00	\$1,027.54
Column Totals		\$2,642.07	\$0.00		\$793.54	\$31.43	\$200.00	\$1,617.10		\$0.00	\$1,617.10
Total Patient's Responsibility: \$231.43										Other Credits or Adjustments	
										Total Net Payment	
										\$0.00	
										\$1,617.10	

Service Code	Description
0250	PHARMACY - GENERAL
0450	EMERGENCY ROOM- GENERAL

Reason Code	Description
05	PPO discount has been applied
106	EMERGENCY ROOM CO-PAYMENT APPLIES.

Payment Details	
Paid To	Check No.
GEORGE WASHINGTON U HOSPITAL	396679

Appendix 2

Types of Letters Sent to Members

LETTER TYPE	PURPOSE
Request for Additional Information from Member	This letter is sent to the member to request items such as a Claimant's Statement and Authorization form, copy of passport information, visa information, etc.
Additional Claim Received for Same Condition	This is a status letter sent to the member to inform them that a new claim was received for the same condition.
Request for Additional Information from Provider	This letter is sent to the provider to request medical records related to the claim.

Appendix 3

Claims Appeals Process

There may be situations when you choose to appeal how a claim was processed. In order to appeal, you may:

- Visit <https://service.hccmis.com> and submit your appeal using the “**Claimant Appeal Request**” form, along with additional documentation that supports your reasoning and position (medical records, receipts, etc.), OR
- Send a written letter of appeal, along with additional documentation that supports your reasoning and position (medical records, receipts, etc.), to:

**Tokio Marine HCC – MIS Group
Claims Department
Box No. 2005
Farmington Hills, MI 48333-2005
U.S.A**

Please note that submission of the appeal will lead to re-evaluation of the claim but does *not* guarantee that the initial benefit determination will be altered.