



Administrative Concepts, Inc.

P.O. Box 4000

Collegeville, PA 19426-9000

Phone: 888-293-9229 Fax: 610-293-9299

Web: www.acitpa.com

Policy Number: WYP-1156

Policy Holder: Avibra

33 Wood Avenue Suite 600

Canton, NJ 08830

- 1. PLEASE FULLY COMPLETE FORM
2. ATTACH ITEMIZED BILLS AND EOBs
3. MAIL TO ADMINISTRATIVE CONCEPTS INC.

PART I - POLICYHOLDER'S REPORT

Form containing fields 1-21: Claimant's Name, Social Security Number, Gender, Date of Birth, Address, E-Mail Address, Phone Number, Date and Time of Accident, Place where Accident Occurred, Injured person classification, Dental Claims, Condition of Injured Teeth, Type of Injury, How Accident Occurred, Previous conditions, Accident occurrence details, Event name, Signature, and Date.

PART II - OTHER INSURANCE STATEMENT

Form containing questions 22-25 regarding other insurance policies, eligibility for benefits, and names of other insurance providers.

CERTIFICATION OF NO OTHER INSURANCE

Certification statement: I, \_\_\_\_\_, hereby certify that I have no other accident or health insurance or any other insurance covering this loss.

Administrative Concepts, Inc. does not share Private Health Information except as required or permitted by law. We are committed to guarding the Private Information entrusted to us.

PAYMENT WILL BE MADE TO THE PROVIDERS OF SERVICE UNLESS A PAID RECEIPT IS ATTACHED AT TIME OF SUBMISSION.

BY SIGNING BELOW I HEREBY CERTIFY THAT THE ABOVE INFORMATION IS TRUE & CORRECT TO THE BEST OF MY KNOWLEDGE AND BELIEF

AUTHORIZATION and ASSIGNMENT OF BENEFITS

I, the undersigned authorize any hospital or other medical-care institution, physician or other medical professional, pharmacy, Insurance support organization, governmental agency, group policyholder, Insurance company, association, employer or benefit plan administrator to furnish to the Insurance Company named above or its representatives, any and all information with respect to any injury or sickness suffered by, the medical history of, or any consultation, prescription or treatment provided to, the person whose death, injury, sickness or loss is the basis of claim and copies of all of that person's hospital or medical records, including information relating to mental illness and use of drugs and alcohol, to determine eligibility for benefit payments under the Policy Number identified above.

Signature and Date fields for the Authorization and Assignment of Benefits section.

