

**American Sentinel Insurance Company**

**Aegis Security Insurance Company**

P.O. Box 61140  
Harrisburg, PA 17106-1140

Phone: (717) 540-0600 or 1-800-692-7338  
Fax: (717) 657-9499

**HOW TO FILE A MEDICAL CLAIM:**

- Show your medical coverage card at the physician's office, hospital, etc.
- Your physician may call 1-800-692-7338 to verify coverage.
- The physician, hospital, etc. may require payment from you at the time of service OR they may submit the bill to the insurance company and bill you for any unpaid balance.
- Complete and sign the front of the "Medical Claim Form"
- Have the physician complete the back of the "Medical Claim Form". We may request additional information at a later date from the provider if required.
- Submit the "Medical Claim Form" with itemized bills to:

Claims Administrator  
American Sentinel Insurance Company  
PO Box 61140  
Harrisburg, PA 17106-1140

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**HOW TO FILE A CLAIM FOR PRESCRIPTION DRUGS**

- Show your Express Scripts discount prescription card at the pharmacy to receive a discount.
- You need to pay the discounted cost at the pharmacy when you receive your prescription.
- Complete the front of the "Medical Claim Form" indicating name of prescription and the condition for which you are being treated.
- Have the physician complete the back of the "Medical Claim Form". We may request additional information at a later date from the provider if required.
- Submit the original prescription receipts showing date, name of drug, doctor's name, etc. (cash register receipts are not acceptable) to the address above.

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**HOW TO USE THE VISION DISCOUNT PROGRAM**

- Show your NVA Vision discount card at a participating provider at the time of service.
- You will receive a discounted cost, which you must pay.
- No claim forms are to be submitted.