

How to File a Medical Claim

Any bill submitted to BMI should contain the following information:

Name of Insured
Insured's Social Security Number
Name of Patient
Date(s) of Service
CPT (Current Procedural Terminology) Code
ICD-9 Code (Diagnosis)
Amount charged

In case of an accident:

In addition to the above, please include:

Date
Time
Place
How the accident happened

Also, please note if it is work related.

Please submit claims to:

**Benefit Management Inc.
P.O. Box 1090
Great Bend, KS 67530**

Please note, you only need to follow these procedures if your provider doesn't bill BMI directly.