

Please send claims to the following address:

Mail to: ACI
994 Old Eagle School Rd.,
Suite 1005
Wayne, PA 19087

Fax: 610-293-9299

EDI Payor ID #: 22384

For Accident Claims:

- Download the appropriate Claim Form from the Forms button
- Fill out all sections of the Form
- If the form requires, have the form signed by the appropriate Group Representative
- Attach the Claim Form and proof of payment (described below) with your bills
- Submit to the above address

Helpful information for submitting claims and expediting payment:

- Complete Claim Information - ACI suggests providers submit standardized billing statements (“UB-04” for hospital charges and “CMS-1500” for Physician Charges).
- Proof of Payment – Check copy of payment, Cash Receipt, or Credit Card Statement
- Payment to Medical Providers – Unless Proof of Payment is submitted with the medical bill claim payment is sent directly to the medical providers.
- Other Insurance - If a primary insurance carrier paid a portion of your claims include the Explanation of Benefits (EOBs) with your claim submission.
- Accident Claims – Follow the instructions above

Need Assistance?

Any questions regarding benefits available under your Policy or you need guidance in how to submit your claim, please...

Call us at: 888-293-9229

Or Email us at: aciclaims@visit-aci.com

Hours of Operation: 8am – 8pm EST, Monday through Friday