ArmadaCare®

CLAIMS CONCIERGE

Important: Download this form to your computer before you start typing. If you don't, what you've typed will be lost when you try to save or print.

ACCOUNT AUTHORIZATION FORM

We are contacting you today to set up your Claims Concierge account with ArmadaCare. After this set up, all of your claims will be automatically submitted to ArmadaCare for substantiation and processing.

To enroll in Claims Concierge, please complete and submit this form. The purpose of this form is to collect the login credentials for your primary health plan, which will allow ArmadaCare to pull and file all your medical claims that run through your primary carrier. By signing below, you hereby authorize ArmadaCare to access your accounts with the username and password supplied on this form and to use and store this information to accomplish this.

Your Personal Information

First Name	Last Name
Date of Birth	Medical Health Plan Provider(s)

Please note that if your primary health plan changes, a new online account for your primary plan must be set up and your new username and password must be provided to ArmadaCare immediately to continue the claim processing for your account. Any time you change your username, password or security questions (if applicable), you must notify ArmadaCare immediately. (If you do not notify ArmadaCare, claims cannot be pulled and filed.) ***Be sure to capture the information exactly as you entered it when creating/updating your online account (indicate any capital letters and spaces).***

Your Health Plan Information

Health Plan Website	My Health Plan Username	My Health Plan Password

Security Questions

Security Question	Response

Additional Logins / Dental Plan Login / Dependent Health Plan Information

Health/Dental Plan Provider	Username	Password

Security Questions

Security Question	Response

Printed Name

Date

Signature

To submit form:
Mail: P.O. Box 449 Hunt Valley, MD 21031
Fax: 866-714-6761
Online: Submit this form via our secure site at www.armadacare.com/vipforms