

Hospital Indemnity Policy Filing Instructions



Submitting a Claim

Filing Instructions

1. Find your policy number and check if the policy number starts with HI25, or C4 or HI10.
2. Based on the information from #1, reference the correct contact or submission information in the boxes below.
3. When contacting us or submitting information, please include your first and last name, date of birth, address, phone number, policy number and current email.

If additional information is needed we will notify you.

Please obtain the following supporting documents for the corresponding benefit:

- UB04 hospital billing forms for hospital/facility services

For these forms, you'll need to contact the hospital's billing department. These forms will include revenue codes, procedure codes and diagnosis codes.

Note: Admission and discharge summaries, which show the dates of service and reason for the inpatient stay, can be substituted for the UB04.

To submit over the phone, Call 800-775-1000. Please have dates of service and provider information available.

How to Submit Claims for if your policy begins with HI25

Email: SHS.HIP.Claims@mutualofomaha.com

Fax: 402-997-1869

Mail: 3300 Mutual of Omaha Plaza, Omaha, NE 68175

Phone: 833-367-5092

How to Submit Claims for if your policy begins with HI10 or C4

Email: mooclaims@mutualofomaha.com

Fax: 800-294-3717

Mail: 3300 Mutual of Omaha Plaza, Omaha, NE 68175

Phone: 800-775-1000