



CLAIMS FILING INSTRUCTIONS

MEDICAL/DENTAL/VISION

NCAS does not require a claim form for your *medical, dental or vision claims*.

In many cases, the hospital or your physician will file for you. If you should need to file a claim:

Along with your itemized bill, please include your:

1. Employer name	Howard County Public Schools
2. Group # (HC)	HC
3. Employee/Subscriber's Name	
4. Employee/Subscriber's Social Security #	

MEDICAL/DENTAL/VISION

NCAS
PO Box 10136
Fairfax, VA 22038

The customer service phone number for NCAS is 1-866-219-9292. This is a toll free number.



PRESCRIPTION

Please complete a *Prescription Drug Claim Form* along with your receipts or signed computer print out from the pharmacy. Prescription claims should be mailed to the Medical/Dental claims address.

\$ FLEXIBLE SPENDING ACCOUNTS \$

Please complete the appropriate Flexible Spending Account claim form and mail to:

NCAS
PO Box 1267
Fairfax, VA 22038