



Professional Riders Organization

Participant Accident Insurance Plan • MCB 5464980

Claim Services Contact:

Beth Ann Goldberg, Senior Claims Specialist
Zurich American Insurance
300 Interpace Parkway
Parsippany, NJ 07054

Toll free number: 877.287.4805
Dedicated Claims Fax: 866.255.2962
e-mail: beth.ann.goldberg@zurichna.com

Accident Medical Claims (as applicable):

In the event medical expenses are incurred for an accident, the Accident Medical Expense Claim Form must be completed and mailed to the Zurich American Insurance address contained on the claim form or faxed to the number above.

Please check and make sure that Part A, Part B and Part C are fully completed; as well as the Attending Physician Statement. We are able to accept medical records in place of the Attending Physician Statement, if necessary.

Explanation of Benefits may be required if the Zurich American Insurance Company policy is not the primary medical payer and other medical coverage is in force.

If there is the need for additional information, Zurich will contact the providers directly to obtain this information. Notification will be sent to the claimant.

If there is any question on the validity of a claim, additional records may have to be obtained through either the agent or our staff members.

Mail Claim Packages to:

Zurich Document Distribution Center (DDC)
PO Box 968041
Schaumburg, IL 60196-8041

Alternatively, overnight claims packages to:
Zurich North America Commercial Claims/ Accident & Health
58 South Service Road
Melville, NY 11747-2342

For questions or concerns, please contact your dedicated Claims Specialist or Customer Management Services representative.