

Hospital Indemnity Insurance

How to file a claim



Your policy information

Policy #:

Policyholder:



Option 1

Use My Group Online ([MyGO](#))

Initiate a claim in minutes on [MyGO](#). This secure, user-friendly platform is available 24/7 through your computer or mobile device.

To submit your claim:

- ① Register your account at symetra.com/MyGO. Log in and select **Submit my claim**.
- ② Fill out a few simple fields and upload documents.
- ③ Select **Submit**.

With MyGO, you can also:

- ✓ Check the status of a claim.
- ✓ View an Explanation of Benefits (EOB) and enroll in paperless statements.
- ✓ Download important forms.
- ✓ Submit scans, photos or electronic versions of claim documents.
- ✓ Enter banking information to receive ACH benefit payments.



Option 2

Email, mail or fax a claim

- ① Request an itemized bill (**form UB-04 or HCFA 1500**) from your provider with diagnosis and procedure codes.
- ② Write a statement describing the date, place and cause of the hospital stay.
- ③ Complete a claim submission form, which can be found on [MyGO](#) under **Forms**. We can also email, mail or fax this form to you.
- ④ Submit the above information to Symetra by email, mail or fax.

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Frequently asked questions

Do I need pre-authorization for an inpatient hospital stay?

No. Pre-authorization is not required for an inpatient hospital stay.

How much time do I have to file a claim?

We encourage submitting claims promptly after the date of service to help avoid delays.

When will Symetra make a decision on my claim?

Symetra typically makes decisions on claims within 10 business days of receiving all necessary information. If your claim is approved, you can expect to receive payment within 7–10 business days.

What if I have a claim that qualifies for benefits under more than one of my Symetra plans?

If you have multiple coverages with Symetra, we'll automatically cross-check to see if you're eligible for more than one benefit and will submit the claim(s) on your behalf.

Can Symetra help me gather any remaining information from my medical provider?

Yes. Additional information such as doctor notes may be requested, and we're happy to help you gather the remaining details after you initiate a claim. We'll just need you to sign a release of information form so we can contact the provider on your behalf.

Does the policy have to be in effect to receive benefits?

Yes. The services received must occur while the policy is active.

Contact us for additional questions about your coverage and filing a claim.



Call 1-800-497-3699
Monday through Friday
8 a.m. to 8 p.m. ET



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