

Filing a Claim

Visit Manhattan
Life's Homepage and
Select "File A Claim"



Download and Fill
Out Claim Form



Fax Claim Form to
713-583-0677

OR

EASY UPLOAD MOBILE APP:

The [Easy Upload Mobile App](#) or the [Easy Form Upload](#) tool found on the Client Services site can be used to securely send documents to us regarding a specific Life & Health Policy or Annuity Contract, even if you aren't a registered contract/policy holder. Simply click on the Start Upload button. You will need to know the contract/policy number and the owner's zip code to use this feature.

cservice@ManhattanLife.com

1-800-669-9030

Claims Checklist

Here are the items needed for the claim(s) process to go smooth as possible.

Name and address of the Healthcare Facility

Date of Service

Name and Credentials of the Healthcare Provider

- (DR, RN, NP, etc.)

Medical Code

- (CPT, ICD-9, etc.)

Written Diagnoses

Amount Billed (\$\$\$)

