

# Part Time Mini Claim Form



San Antonio Operations Center  
4615 Walzem Road, Ste 300  
San Antonio, TX 78218  
[www.fcebenefit.com](http://www.fcebenefit.com)

Date: \_\_\_\_\_ Number of Pages: \_\_\_\_\_  
Patient's Name: \_\_\_\_\_ Patient's Date of Birth: \_\_\_\_\_  
Patient's Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
Member ID (F# located on ID Card) \_\_\_\_\_ Patient's Gender:  Male  Female

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Employer Name: \_\_\_\_\_  
Name of Insured: \_\_\_\_\_ Insured's Date of Birth: \_\_\_\_\_  
Patient's Relationship to Insured:  Self  Spouse  Child  Other

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**Please submit this form along with your EOB or your detailed visit summary.  
For your convenience, you may submit via:**

- Email: [EOBclaims@fcebenefit.com](mailto:EOBclaims@fcebenefit.com)
- Fax: **210-610-5468**
- Secure Upload: [www.FCEupload.com](http://www.FCEupload.com) attention Claims
- Mail: FCE Benefit Administrators
  - Attn: Claims Department
  - 4615 Walzem Road, Ste. 300
  - San Antonio, TX 78218

FCE Customer Service 1-800-298-7269  
Monday through Friday, 7:30 am to 8:00 pm CST