

PROGRESSIVE CLAIMS
P.O. BOX 2930
CLINTON, IA 52733-9934



Ramos Law
Manuel Cortez
10190 BANNOCK ST
SUITE 200
NORTHGLENN, CO 80260

Underwritten by:

Progressive Preferred Insurance Company

Claim Number: 24-5536924

Loss Date: April 15, 2024

Loss State: CO

Claim Information

May 14, 2024

Dear Manuel Cortez,

I received your letter of representation for **Noel Alvarado Torres**. All future communication regarding your client's claim will be forwarded directly to you.

I am the claims representative assigned to handle the **MedicalPayments** of your client's claim. As such, please forward bills and records related to the Medical Payments claim to the mailing address or fax number listed below. Please note that if your client is eligible for Medicare and Medicare has paid accident-related bills, I may need to reimburse Medicare directly for any payments issued on behalf of your client for this accident.

If you have requested policy information, it will be sent to your office under a separate cover page.

Also, if your client has signed an irrevocable Assignment of Benefits (AOB) in a state that recognizes this assignment, I am required to issue payment to the provider holding this assignment.

Please review the following instructions to assist in the handling of your client's **MedicalPayments** claim:

- * Include the claim number on all documents that are forwarded.
- * In order to receive prescription reimbursement, we will need a copy of the label on the prescription bag which includes the doctor's name, date of service, name of the prescription and the amount they paid.
- * Medical bills that include the procedure codes, diagnostic codes, and dates of service or all bills on proper forms, preferably CMS-1500 or UB-04 forms.
- * Medical records correlating with each date of service for which you are requesting payment/reimbursement.
- * Please mail all medical bills and records for the **MedicalPayments** claim only to:

Visit claims.progressive.com

Track the status and details of your claim, e-mail your representative or report a new claim.

Contact us

1-440-932-5637

1-800-PROGRESSIVE (1-800-776-4737)

Fax: 1-877-213-7258

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Progressive
Claims Mail Processing Center
P.O. Box 2930
Clinton, IA 52733-2930
FAX 877-213-7258

If you have any questions, please call me at the number below.

Thank you.

To help ensure accurate and complete records, we'll keep copies of all correspondence in the file for your claim. If you send us an email, we may reply by either email or phone.

If you have any questions, please contact me.

Michael Harris
Claims Department

It is unlawful to knowingly provide false, incomplete, or misleading facts or information to an insurance company for the purpose of defrauding or attempting to defraud the company. Penalties may include imprisonment, fines, denial of insurance and civil damages. Any insurance company or agent of an insurance company who knowingly provides false, incomplete, or misleading facts or information to a policyholder or claimant for the purpose of defrauding or attempting to defraud the policyholder or claimant with regard to a settlement or award payable for insurance proceeds shall be reported to the Colorado Division of Insurance within the Department of Regulatory Agencies.

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to check the status and details of your claim,
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