

Self Service Claim Forms

Get paid quicker with our new system

Step 1: Access Claim Forms from your Case Acceptance Email

To process a claim, please:

1. Download and fill out any applicable claim forms using the links below:

[Generate Claim Forms](#)

or

[View All Cases](#)

Claim Form Troubleshooting: legaleasedocs@legaleaseplan.com

If there is anything you need changed on the claim form please email legaleasedocs@legaleaseplan.com

Step 2.1: Confirm Member Meeting

1 Confirm Meeting — 2 Select Benefits — 3 Benefits Approval — 4 Generate & Submit Claim Forms


☐




I confirm that I have met with the member and am ready to select final benefits for the case

Next Step

Step 2.2: Select and Submit Final Benefits

Progress bar: 1 Confirm Meeting — 2 Select Benefits — 3 Benefits Approval — 4 Generate & Submit Claim Forms

General Power of Attorney #310 

<input type="checkbox"/>	Health Care Power of Attorney	450	
<input checked="" type="checkbox"/>	General Power of Attorney	310	
<input type="checkbox"/>	Simple Affidavit	250	

Submit

Step 2.3: If Auto Accepted, Continue and Download Claim Forms

✓

Confirm Meeting

—

✓

Select Benefits

—

3

Benefits Approval

—

4

Generate & Submit Claim Forms

✓

Your claim forms are ready. You may now advance to downloading, filling out, and submitting claim forms for the case.

Next Step

✓

Confirm Meeting

—

✓

Select Benefits

—

✓

Benefits Approval

—

4

Generate & Submit Claim Forms

Name	Code	Details	Download
General Power of Attorney	310	<div>i</div>	<div><div></div></div>

Step 2.3: If Being Reviewed, Wait for a Claim Update Email

✓

Confirm Meeting

—

✓

Select Benefits

—

3

Benefits Approval

—

4

Generate & Submit Claim Forms

Your benefits submission is being reviewed, which can take up to 3 business days. You will be notified via email when your claim forms are ready.

Your claim forms are now ready for **Case #7: John Doe – Divorce** . Please use the below link to download, fill out, and submit claim forms for the case.

Generate Claim Forms

✓

Confirm Meeting

—

✓

Select Benefits

—

✓

Benefits Approval

—

4

Generate & Submit Claim Forms


Name	Code	Details	Download
General Power of Attorney	310	<div></div>	<div><div></div></div>

Step 2.3: If There Is a Claim Issue, Please Follow Directions

✓ Confirm Meeting – ✓ Select Benefits – 3 Benefits Approval – 4 Generate & Submit Claim Forms



There was an issue with the selected benefits.
Please contact us to resolve the issues:

 [Contact Us](#)

There was an issue with your benefits submission for **Case #7: John Doe – Divorce** .

Please contact us to resolve the issue:

[Contact Us](#)

There was an issue with your benefits submission for **Case #7: John Doe – Divorce** .

"The claims forms will be sent manually to you, please allow 1 business day and add claims@legaleaseplan.com to your approved email list."

Please check your inbox for these claim forms.

Step 3: Fill Out Claim Forms

LegalEASE Participating Law Firm Closed Case Statement

Certificate Holder Data	Participating Law Firm
Name: John Doe Address: 165 E Bridge Street City, State Zip: Houston, TX 77056 Member ID/Coverage: 19284 Case #: 7	Name: John Johnson Address: 900 Brook Street City, State Zip: Houston, TX 77056 Phone #: (123) 456-7890 Email: john.johnson@gmail.com

Listed below is the **relevant plan benefit information** as of the date of this referral for the particular legal matter in which the client has requested assistance from LegalEASE. During the course of the initial consultation, it may be determined that the client is in need of additional services. In that case, please contact LegalEASE to determine coverage and to obtain additional claim forms if applicable.

Legal Matter: Miscellaneous Legal Services - Paid up to 10.00 hours at \$70.00 per hour. Hours: _____ **Billing Code:** 105
beyond the maximum number of hours should be billed directly to the client.

Benefit Description: This benefit will cover any legal services needed by the Member or Covered Family Member for review or preparation of documents, or any other service required on any legal matters not listed as a covered benefit or exclusion under the policy. This benefit cannot be used to extend the coverage for any other service shown in the Schedule of Benefits beyond the limits of coverage.

Limitations: This benefit is limited to 20 hours per year.

This form does not represent a guarantee of coverage. Member must remain enrolled in the plan and continue to pay premiums throughout the duration of the legal matter. In the event the member's coverage terminates for any reason, no services provided after that date will be covered by the plan. In the event that payment for LegalGUARD coverage ceases, whether via payroll deduction, credit card or ACH, it is the responsibility of the Member to contact LegalEASE immediately to make alternate payment arrangements in order to continue coverage.

Please complete items 1 through 5 below:

1. Date of Initial Consultation: ____/____/____	Final Date of Service: ____/____/____
2. Services provided for: <input type="checkbox"/> Certificate Holder <input type="checkbox"/> Spouse <input type="checkbox"/> Dependent Child (Age: ____)**	
<small>If COVERAGE shows SINGLE above, services are limited to Certificate Holder Only. **If services were provided for a Dependent Child, their age is required. Proof of enrollment as a full-time student MAY be required per the Member's policy.</small>	
3. Services performed: <input type="checkbox"/> Office Consultation <input type="checkbox"/> Real Estate Closing <input type="checkbox"/> Research <input type="checkbox"/> Document Drafting/Correspondence <input type="checkbox"/> Certificate Holder <input type="checkbox"/> Negotiations w/3rd Party <input type="checkbox"/> Court Filing ¹ <input type="checkbox"/> Court Appearance <input type="checkbox"/> Trial: Docket # _____ Court: _____ <small>¹ Pleading, Motions or Response</small>	
4. Billing: <input type="checkbox"/> Hourly Standard Attorney Hourly Rate: \$ _____ Hours: _____ Standard Paralegal Hourly Rate: \$ _____ Hours: _____ - OR - <input type="checkbox"/> Flat Fee Standard Flat Rate (for non-plan members): \$ _____ Network Discount: \$ _____ <small>***Invoice method (hourly/flat rate) on the attached documentation must match this method. Hourly invoices are paid at the plan rate listed in the Legal Matter Description above. Flat fees are paid at \$50.00 per hour***</small> Additional Fees Billed to Client (filing fees, etc. not covered by plan): \$ _____ In the event of a payment made to your firm, we recommend using ACH as a direct payment method option which will be a faster and more efficient way for your firm to receive payment. Please indicate below whether you will use ACH or check option. <input type="checkbox"/> ACH <input type="checkbox"/> Check	
5. Tax ID *or* Attorney Social Security Number: _____ <input type="checkbox"/> Tax ID <input type="checkbox"/> SSN	

By submitting this form, I hereby confirm that the information provided is true, accurate and complete and that the documents submitted along with this claim form are genuine. Provider agrees and authorizes the insurance company and its agents, representatives to review and obtain a copy of records associated with this claim. I understand that the deliberate misrepresentation of the material facts may result in the denial of payment. I also understand that any missing information associated with this claim may result in the denial or delay in payment.


Attorney Signature: _____ **Date:** _____


CA residents Only: For your protection California law requires the following to appear on this form: Any person who knowingly presents false or fraudulent information to obtain or amend insurance coverage or to make a claim for the payment of a loss is guilty of a crime and may be subject to fines and confinement in state prison. It is unlawful to make or cause to be made a knowingly false or fraudulent material statement or material representation for the purpose of obtaining or amending an insurance policy under any line of insurance regulated by the Department. A violation of this section is a public offense, punishable by a fine not to exceed ten thousand dollars (\$10,000), by imprisonment pursuant to subdivision (b) of Section 1170 of the Penal Code, or in a county jail not to exceed one year, or by both that fine and imprisonment.

****For Internal Use Only**** Date Received: ____/____/20 Claim ID: _____ Entered by: _____

Please submit this form along with backup documentation pertaining to the case (invoice, Court Filings, Correspondence, Dependent coverage documentation, etc.) to: LegalEASE, Attn: Claims Processing, 3151 San Felipe Rd, Suite 2300, Houston, TX 77056 Phone: (833) 416-4113 or via Fax: (832) 207-0628 or by email to: claims@legaleaseplan.com

Step 4: Submit Claim Forms




Send 

To: claims@legaleaseplan.com <claims@legaleaseplan.com> x

Cc:

Claim Submission 7/8385

 LegalEASE_Claim_Form_105.... 7 KB

Case ID #: 7
PASS Case ID #: 8385
Member ID #: 19284
Member Name: John Doe
Group/or Employer Name: LegalEASE
Plan Type: LELG

Note: you must manually attach your pdf claim forms, invoice & supporting documents

Additionally: Download Claim Forms for Other Cases

1. Go Back or Click “View All Cases” in the Case Acceptance Email

Back

Case #7 Details

Claim Forms

John Doe

Member ID

19284

Legal Matter Location

Group ID

LELG-LAPLLC

Group Name

LegalEASE

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2. Select Another Case

Hello John!

Welcome Back to LegalEASE!

Accepted Cases

Search...

Case #	Status	Member Name	Area of Law	Created On	Accepted On
36	Accepted	Stanton O'Conner	Premarital Agreement	5/27/2024	5/28/2024

3. Access Claim Forms for the Other Case

Back

Case #36 Details

Claim Forms

Stanton O'Conner

Member ID

1118

Legal Matter Location

El Dorado Hills, VT 99743

Group ID

LELG-LAP

Group Name

LegalEASE

Family

Area of Law

Premarital Agreement