

INSTRUCTIONS FOR FILING A MEDICAL CLAIM

COMPLETE EMPLOYEE'S STATEMENT: PLEASE BE SURE TO ANSWER EVERY QUESTION.

All bills must show the following information. Additional data will be requested if needed.

- 1) Confirmation of employee information
- 2) Confirmation of other insurance coverage
- 3) Confirmation of the patient information
- 4) Confirmation if the claim is related to an accident. If so, if the accident is work related.
- 5) Provider Name, Address and Tax ID
- 6) Date of Service
- 7) ICD Diagnosis Code(s) and Procedure Code(s)
- 8) Total Charge for Each Service
- 9) Sign and date the claim form.
- 10) Sign and date the Assignment of Benefits, if applicable.

If a claim is for prescription drugs, attach bills to form after completing "Employee's Statement of Claim" section. All bills must show: patient's name; prescription number; date(s) of purchase; and charge.

If claim is for registered nurses, x-ray, laboratory or medical equipment, attach bills to the form after completing "Employee's Statement of Claim" section.

Mail the claim form and the itemized bill to the address listed on the back of the Employee's ID card.

KEEP A COPY FOR YOUR RECORDS.

IMPORTANT ITEMS TO NOTE:

- 1) *All charges must be submitted within the time frame specified in the summary plan description. Failure to do so will result in the denial of the charges.*
- 2) *From time to time, additional information may be requested in order to process a claim. Any additional information, i.e., other insurance payments, completed claim forms, subrogation forms, accident details, police reports, etc., must be submitted when requested. Failure to do so may result in the denial of the claim.*
- 3) *ALWAYS retain a copy for your records.*