

HOW TO FILE CLAIMS

How Do My Claims Get Processed?

Present your ID Card to your provider at the time of your visit.

Most providers will file your claim for you. They may need additional information from you, such as whether you have other group medical coverage, before filing claims. If this does not occur, please contact your provider for a copy of the completed claim or itemized bill and forward it to the address shown on your ID Card. A specialized claim form isn't needed.

Both you and your provider will receive an Explanation of Benefits (EOB) explaining the processing of your claim. Payments will be forwarded directly to your provider unless otherwise indicated on the claim.

If you have a question, please contact our Customer Service Department at the toll-free phone number shown on your ID Card. To efficiently serve your needs, please present your customer number (shown on your ID Card) when placing the call.

What Should be Submitted?

Written proof of your claim should be submitted within 120 days of the date on which you receive the health care service and should contain the following items:

- Your customer number.
- The actual itemized bill for each health care service, including the diagnosis.
- The patient's name, date of birth, and nickname, if applicable, on each bill.
- If applicable, attach an Explanation of Benefits from another insurance company.
- Finally, please note if the bill(s) has been paid.

Send the bill(s) to the address shown on your ID card.

Should you have any questions, please feel free to call us between the hours of:

7:00 a.m. and 7:00 p.m., CST - Monday through Thursday

7:00 a.m. and 4:30 p.m., CST - Friday