

Claim Certification Requirements

(Please do not include this page with your claim)

Premium Claims

To file a claim for a health premium (e.g., medical) you must provide supporting documents from a third party (e.g., health insurance carrier, bank) to certify the claim.

The supporting document(s) must include the following information:

- Covered participant's name
- Name of the provider (e.g., health carrier)
- Date of service
- Description of coverage (e.g., Medigap)

AND

- Proof of payment

A premium statement AND a bank statement, or both sides of a canceled check or premium statement showing the amount paid, will typically include all of the required information.

The payment amount must match the amount on the premium statement.

When submitting a claim for your premium the coverage period start date should be used as the date of service, not the date of payment. For example, if you're requesting reimbursement for January, February, and March premiums, use January 1st as the service date.

If a claim is for Medicare Part A or B, please include your annual Social Security Benefit Statement with each monthly reimbursement request. The annual Social Security Benefit Statement includes the coverage description and the amount you pay monthly.

Claims for future premiums can be submitted as long as the future premiums have been paid. (e.g., monthly, quarterly, semiannual, annual payments)

Out of Pocket Claims

To file a claim for an out of pocket expense (e.g., copay, deductible, coinsurance) you must provide proper supporting documentation from a third party (hospital, doctor, pharmacy) to certify the claim.

The supporting document(s) must include the following information:

- Name of the provider
- Description of the service or product
- Date of the service or purchase
- Patient name

AND

- Amount paid or owed after insurance

An EOB (Explanation of Benefits) from your health insurance carrier will typically include all of the required information. Other documents such as receipts and statements are acceptable if they contain all of the above information and DO NOT indicate that insurance is pending. If the receipt is handwritten, it must include the service provider's signature.

Documents and Claim Submission

All claims require third party documentation.

Claims cannot be processed without the required information or documents.

Paper claims require a signed paper claim form to accompany the documentation.

If you have lost a document contact your doctor, hospital, pharmacy, or health insurance carrier to request a copy.

Claims can be submitted online, by fax, or by mail.

Once your claim and receipts have been received and approved, you will receive payment within fourteen (14) days. If you have elected direct deposit, payment will be issued within three (3) days of the claim approval.

To submit your paper claims send the completed form along with your supporting documentation by fax or mail to:

PayFlex Systems USA, Inc.
Extend Health
P.O. Box 3039
Omaha, NE 68103-3039
Fax: (402) 231-4310

