# **Submitting a Claim for Reimbursement**



#### How to submit a claim

Provide ID Card to Provider that contains the information to submit a claim. When the Provider does not submit the claim, follow the directions listed below.

# Submit an itemized bill that contains the following information\*:

- Name of the provider
- Patient's name
- Date of service
- Place of service
- Codes for procedures (CPT/HCPCS) and diagnosis (ICD)
   Description of services rendered (if CPT & HCPCS codes are not available)
- Itemized list of each charge
- \* Some submissions may require additional documentation such as medical history, pathological reports, operative reports, or accident reports to consider a claim for available benefits.

Provid	er					
	GUAR	ANTO	OR DETAILED	STATEM	IENT	
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					Joh	n H. Smith
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#### CLAIM INFORMATION NEEDED BY PRODUCT

#### **Prescriptions**

# List from the pharmacy PREFERRED

or

Claim receipt that shows details of the prescription (policyholder name, drug name, date and RX number)

#### **Home Health Care**

## Physician's Home Health Certification Form

must be completed and signed by the physician.

Certification Form can be found at **MedMutualProtect.com/Individual**.

### Accident policies Or Policies With Accidental Benefits

#### **Standard Claim Form**

completed by the physician and the insured stating the description of the accident.

Claim form can be found at **MedMutualProtect.com/Individual**.

#### IMPORTANT REMINDER

Generally all claims, including prescriptions should be submitted within one year from the date of service\*.

\*Some circumstances are exempt from this requirement, please contact Customer Service if you have questions.