

Tips for submitting claims

Straight talk. Simple steps.

At SelectAccount, we work hard to process your claims as quickly and accurately as possible. The following tips will speed up the processing of your claims and put money in your pocket faster.

Do's:

- Complete the claim form entirely, itemizing each line and include the account holder's signature.
- Print legibly using a blue or black pen to ensure that the text is dark enough.
- Tape receipts on a separate piece of paper in the order you list them on the claim form(s).
- Make a photocopy of cash register receipts if you do not plan to submit the expenses right away. The ink on cash register tape fades over time.
- Include a detailed receipt that identifies the date of the service and the service/item received **or** a copy of the explanation of health care benefits (EOB) from your health plan.
- If the EOB contains services not covered by your health plan, include an itemized statement from your provider describing the service or items you are submitting for reimbursement.
- Mail or fax (NOT BOTH) the completed claim form and documentation to SelectAccount. Address & fax numbers are on the claim form.
- If the provider statement indicates an estimate of changes, submitted to health plan, or pending, include a copy of the explanation of health care benefits (EOB) from your health plan. Your claim will not be processed until the EOB is received.

Don'ts:

- Don't use a highlighter on receipts or claim forms, as the highlighted information will appear black once it's scanned or faxed. If needed, circle or underline the information.
- Don't write over the receipt to make the ink darker.
- Don't tape over any text on receipts as it becomes unreadable when scanned.
- Don't fold or overlap receipts.
- Don't submit copies of balance forward or account payment statements, checks, or credit card receipts as supporting documentation of the service provided.
- Don't wait until the end of your run out period to submit claims as it may take longer to get reimbursed.
- Don't submit itemized expenses on anything other than the claim form. Use multiple claim forms if submitting more charges than fit on one claim form.

Did you know?

- Insufficient information is the #1 reason for claim denials!
- The Date of Service is the date you order a supply or receive a service, not the date you pay the bill.
- If you leave employment, be sure to check your plan for any possible changes in claim submission deadlines (run out).

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In addition to the general tips stated on page 1, here are tips specific to some types of services your plan may offer. If you are unsure whether your plan permits these expenses, please contact SelectAccount.

Dental Services

- The documentation submitted with your claim must indicate when the service was received, not billed.
- For orthodontia services, see Tips for Orthodontia Claims (F8866) found at www.selectaccount.com.
- Balance forward or account payment statements will not be accepted as documentation.
- If the provider statement indicates an estimate of coverage, submitted to health plan, or payment pending, include a copy of the explanation of health care benefits (EOB) from your health plan. Your claim will not be processed until the EOB is received.

Vision Services

- If you have a vision benefit plan, the provider receipt must include indication of the vision benefit or discount (not handwritten or an estimate).
- If the provider statement indicates an estimate of coverage, submitted to health plan, or payment pending, include a copy of the explanation of health care benefits (EOB) from your health plan. Your claim will not be processed until the EOB is received.

Pharmacy Services

- Submit a copy of the prescription/duplicate drug receipt that provides the prescription fill date. The date of service is the date the prescription is filled, not the date it was paid.
- Prescription drugs that have both a cosmetic or general health use as well as a medical use will require a Letter of Medical Necessity (F9090) from your health care provider. A copy of this form can be located at www.selectaccount.com.

- Prescription drugs imported from other countries are not covered based on IRS guidelines.

Over the Counter (OTC) Expenses

- The IRS requires that a merchant generated receipt/statement be provided as supporting documentation for each item purchased. The receipt/statement must include all the following pieces of information which cannot be handwritten on the receipt/statement:
 - Date of purchase
 - Name of OTC item
 - Amount paid for OTC item
- The item must be purchased in a reasonable quantity, (the SelectAccount standard is 12 of an item). Items must be purchased with the intent that their use will be within the current calendar year. For example, it would not be acceptable to purchase 48 bottles of aspirin at the end of the year.
- OTC expenses that have both a cosmetic or general health use as well as a medical use will require a Letter of Medical Necessity (F9090) from your health care provider. A copy of this form can be located at www.selectaccount.com.

If you have questions or want more information, please call SelectAccount customer service at (651) 662-5065 or toll free at 1-800-859-2144 anytime between 7 a.m. and 7 p.m., Monday through Friday.

Claim forms are available at www.selectaccount.com.

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