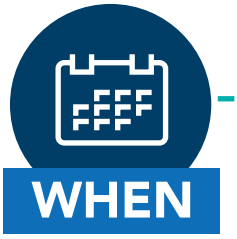
MidAmerica

Claims Documentation Requirements

Understanding what's an acceptable form of documentation really just comes down to five key details: Who, What, When, Where and How Much. When you submit your claim for reimbursement, look at your documentation and confirm that it includes all the necessary pieces. If it doesn't, your reimbursement may be delayed or denied (and no one wants that!). The good news is, most documentation you receive from pharmacies or medical providers includes everything that's needed!

This is the name of the patient or, in the case of insurance premiums, the name of the insured person. This could be you, your spouse or an eligible dependent. Ultimately, to protect your benefit funds, we need to see who the medical expense is for.

What is the medical expense? Is it an annual check-up, a prescription refill or an insurance premium? Your documentation should include a description of exactly what type of medical expense you're submitting for reimbursement.



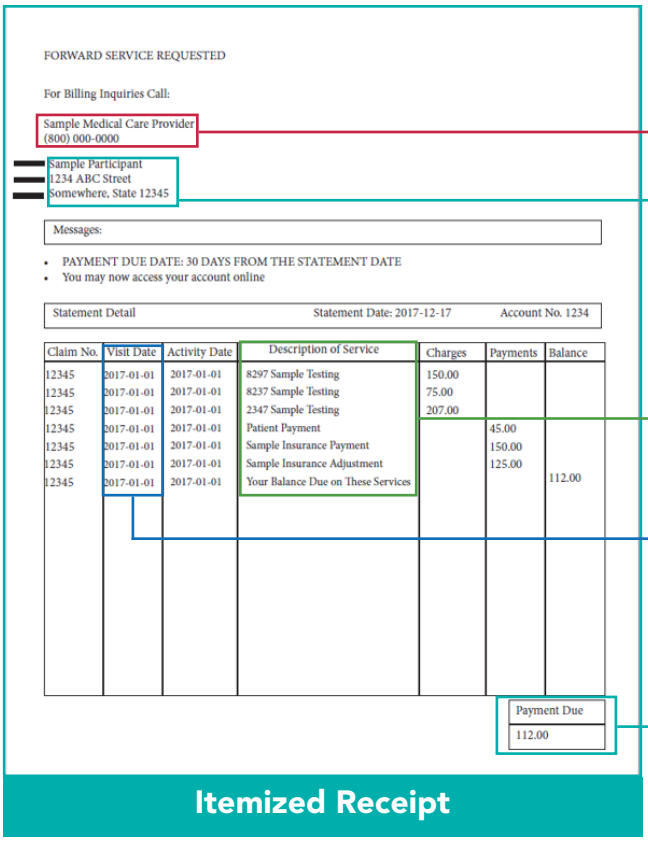
There should be a service date on the documentation you provide. This could be the date of medical service, the date your prescription was filled, or the coverage period for your insurance.

Where did you receive medical treatment? Where was your prescription refilled? The name of the provider or pharmacy should appear somewhere within your documentation. For premiums, make sure the name of the insurance carrier is also included.

How much did the medical expense cost? Your documentation should always include the cost of the service, item or premium you're submitting for reimbursement.

Examples of Good Documentation

Medical Services



FORWARD SERVICE REQUESTED

For Billing Inquiries Call:

Sample Medical Care Provider
(800) 000-0000

Sample Participant
1234 ABC Street
Somewhere, State 12345

Messages:

- PAYMENT DUE DATE: 30 DAYS FROM THE STATEMENT DATE
- You may now access your account online

Statement Detail — Statement Date: 2017-12-17 — Account No. 1234

Claim No.	Visit Date	Activity Date	Description of Service	Charges	Payments	Balance
12345	2017-01-01	2017-01-01	8297 Sample Testing	150.00		
12345	2017-01-01	2017-01-01	8237 Sample Testing	75.00		
12345	2017-01-01	2017-01-01	2347 Sample Testing	207.00		
12345	2017-01-01	2017-01-01	Patient Payment		45.00	
12345	2017-01-01	2017-01-01	Sample Insurance Payment		150.00	
12345	2017-01-01	2017-01-01	Sample Insurance Adjustment		125.00	
12345	2017-01-01	2017-01-01	Your Balance Due on These Services			112.00

Payment Due
112.00

WHERE

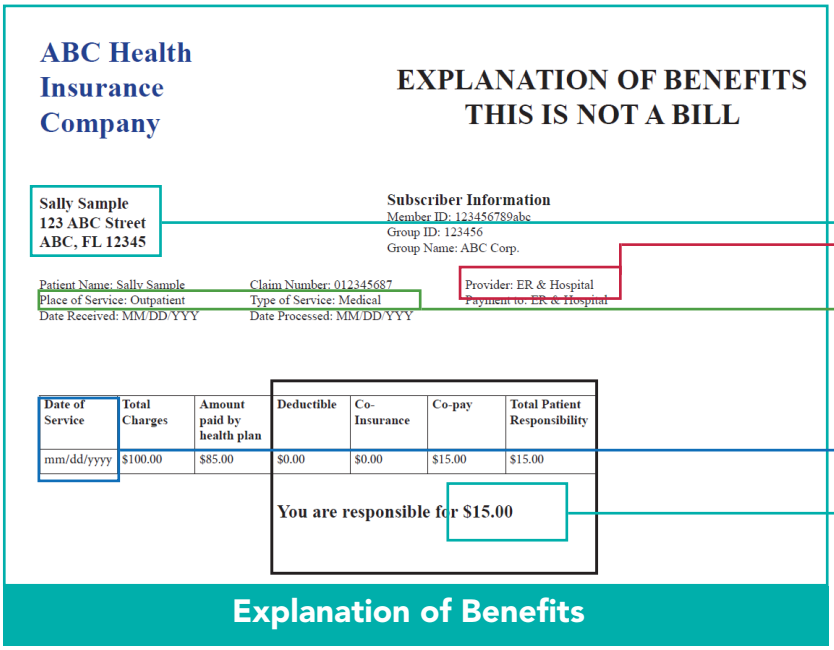
WHO

WHAT

WHEN

HOW MUCH

Itemized Receipt



ABC Health Insurance Company

EXPLANATION OF BENEFITS
THIS IS NOT A BILL

Sally Sample
123 ABC Street
ABC, FL 12345

Subscriber Information
Member ID: 123456789abc
Group ID: 123456
Group Name: ABC Corp.

Patient Name: Sally Sample
Place of Service: Outpatient
Date Received: MM/DD/YYY

Claim Number: 012345687
Type of Service: Medical
Date Processed: MM/DD/YYY

Provider: ER & Hospital
Payment to: ER & Hospital

Date of Service	Total Charges	Amount paid by health plan	Deductible	Co-Insurance	Co-pay	Total Patient Responsibility
mm/dd/yyyy	$100.00	$85.00	$0.00	$0.00	$15.00	$15.00

You are responsible for $15.00

WHO

WHERE

WHAT

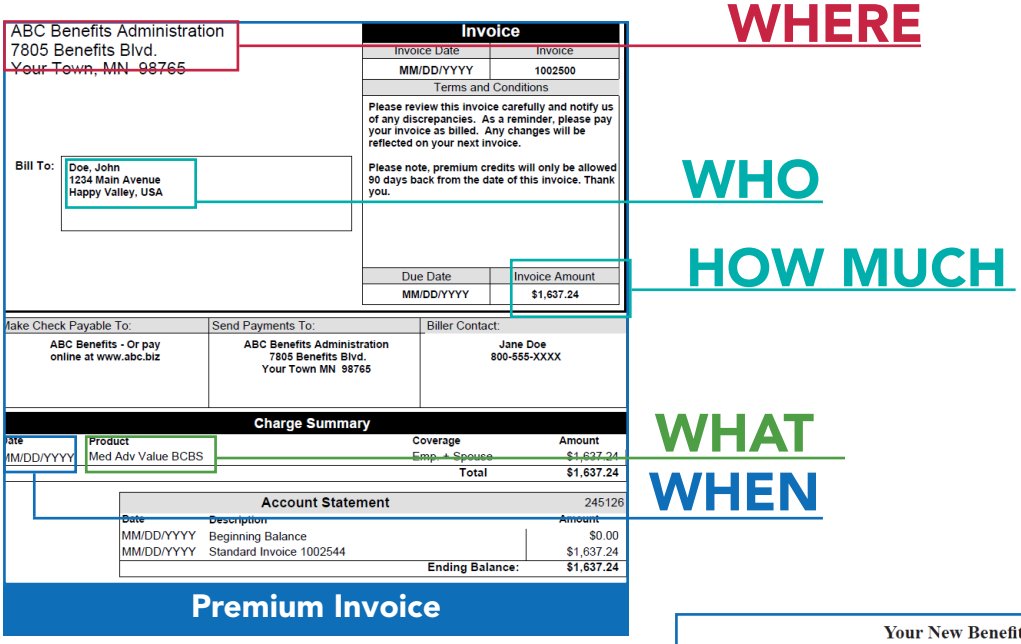
WHEN

HOW MUCH

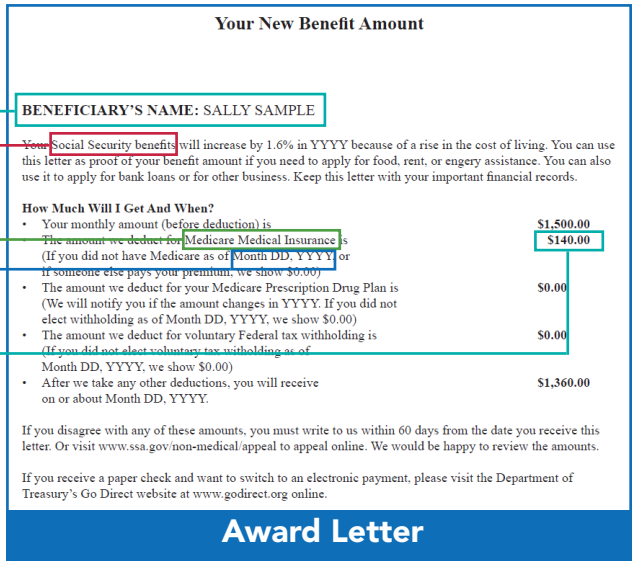
Explanation of Benefits

Examples of Good Documentation

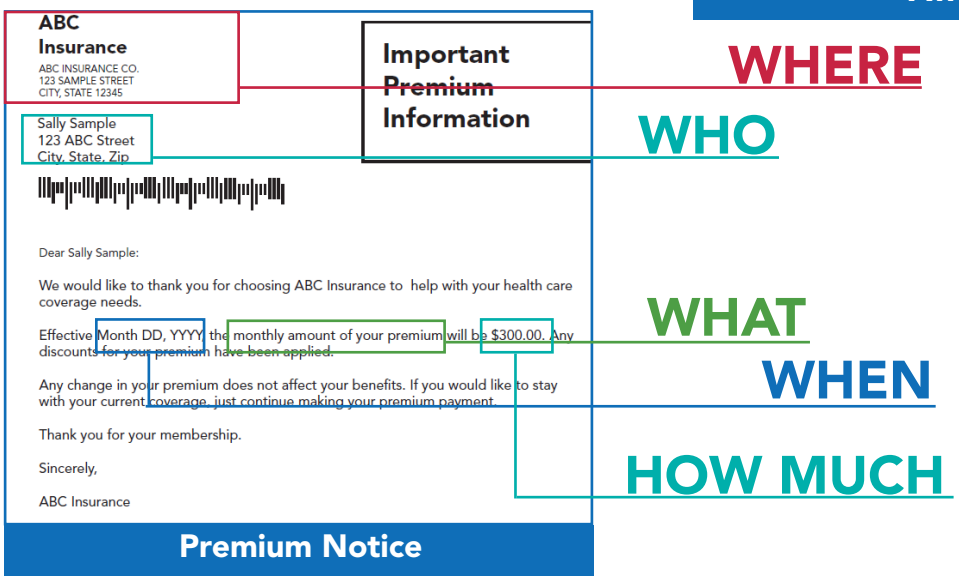
Premiums



Premium Invoice



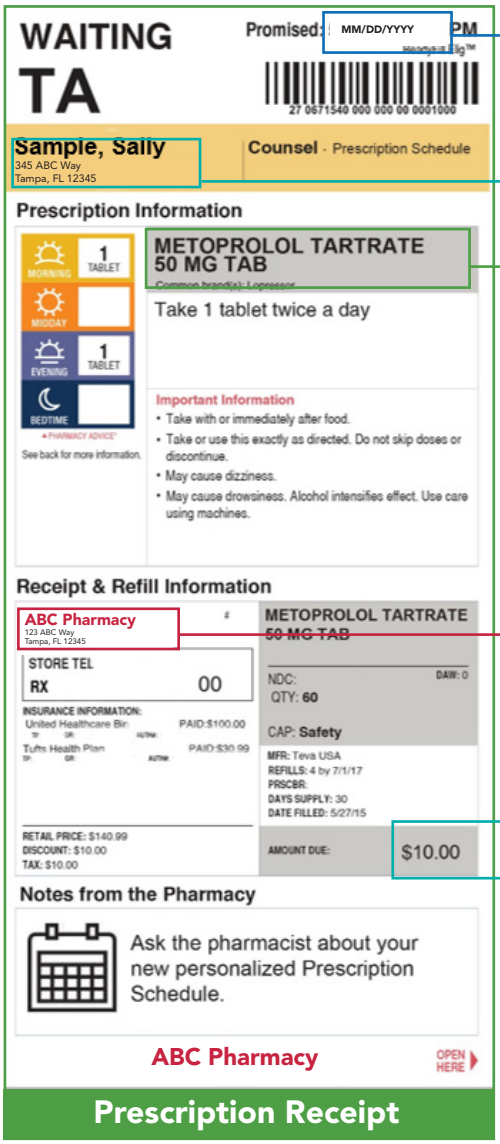
Award Letter



Premium Notice

Examples of Good Documentation

Prescriptions



WHEN

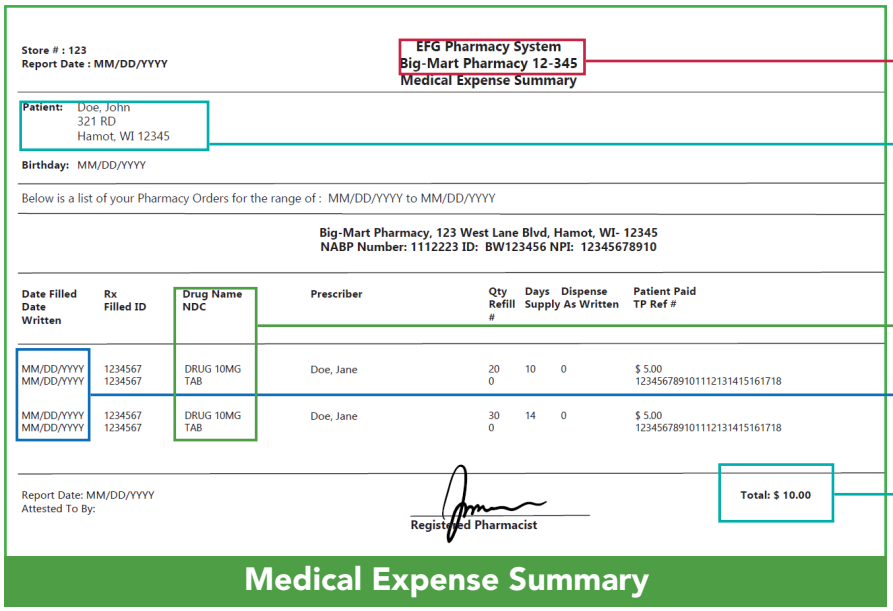
WHO

WHAT

WHERE

HOW MUCH

Prescription Receipt



WHERE

WHO

WHAT

WHEN

HOW MUCH

Medical Expense Summary