

Handy Member Guide to Cash-Pay Claims

You've shopped around for the best cash-pay price with a doctor who has great quality reviews! Here's what you need to do to help ensure everything goes smoothly at claim time.

This guide covers:

- ✓ Steps for Paying Cash at the Provider's Office
- ✓ What to Include When Submitting My Cash-Pay Claim
- ✓ Itemized Medical Bill Invoice / Superbill Checklist
- ✓ Prescription Summary Receipt Checklist
- ✓ Where to Submit My Claim
- ✓ What To Expect After I Submit My Claim



Steps for Paying Cash at the Provider's Office

Before Your Visit

1

Inform the provider you are cash-pay and confirm the cost of services to help avoid any surprise bills later on

- Ask the provider if there is a cash discount on their services

During Your Visit at Check-In

2

Remind the provider you are cash-pay

- Remind the provider that you are cash-pay and to apply any available cash-pay discounts to the services you're receiving
- Do NOT hand over your network ID card
- Do NOT sign an *Assignment of Benefits Form*

Note: If an assignment of benefits form is signed, PAL is obligated to pay the benefits to the provider.

During Your Visit at Check-Out

3

Ask the provider's office for an itemized medical invoice, also known as a superbill

- Ensure it has all the information needed to process the claim; see our *Itemized Medical Bill Invoice / Superbill Checklist* on the next page

After Your Visit

4

Complete the proper claim form

- Claim forms can be found within your Policyholder Portal under *Common Forms*

5

Submit your claim form and accompanying documents

- See *What to Include When Submitting Cash-Pay Claims* on the next page
- Submit your claim online for the quickest turnaround, or via mail

Healthcare PAL Tip

Cash-pay vs. self-pay: When seeking a cash discount for care, use the term "cash-pay" at the provider's office. If you say you are "self-pay," you may not receive any cash discount for services.

What to Include When Submitting My Cash-Pay Claim



Filing Claims for Minor Sickness

- ✓ Medical Expense Claim Form
- ✓ Authorization to Obtain or Release Medical Information (HIPPA) Form
- ✓ Itemized medical bill invoice or superbill (see checklist)



Filing Claims for Accidents

- ✓ Medical Expense Claim Form
- ✓ Authorization to Obtain or Release Medical Information (HIPPA) Form
- ✓ Itemized medical bill invoice or superbill (see checklist)
- ✓ Copy of the Motor Vehicle Accident (MVA) Report if related to a motor vehicle accident
- ✓ Copy of death certificate if filing for accidental death benefit



Filing Claims for Prescriptions

- ✓ Prescription Claim Form
- ✓ Prescription summary receipt; this is not the sales receipt (see checklist)

Itemized Medical Bill Invoice / Superbill Checklist

An itemized medical bill is required to be submitted for cash-pay claims. Any missing information can result in a delay or non-payment of the claim.

- ✓ Provider's full name
- ✓ Provider's address
- ✓ Patient's full name
- ✓ Patient's date of birth
- ✓ Date of service
- ✓ Diagnosis code (ICD) (3 to 8 digits)
- ✓ Procedure code (CPT or HCPCS) (5 digits)
- ✓ Amount charged for each service
- ✓ Revenue codes if filing for an emergency room or outpatient hospital visit

Prescription Summary Receipt Checklist

A prescription receipt is required to be submitted for prescription claims. Any missing information can result in a delay or non-payment of the claim.

- ✓ Patient's full name
- ✓ Fill date
- ✓ Number of days supplied
- ✓ Name of medication
- ✓ Name of prescribing physician

Healthcare PAL Tip

Always retain a copy of your submission for your records. Additional documents may also be requested in order to continue processing your claim (i.e. medical records).

Where to Submit My Claim

Online

Quickest turnaround time! Login to your Policyholder Portal at www.neweralife.com, then select *Quick Request* to submit your claim with all necessary documents

Mail

Philadelphia American Life
Attention: Claims Department
P.O. Box 4884
Houston, TX 77210-4884

What To Expect After I Submit My Claim

- ✓ We'll send you an email or letter to the address on file if we need any additional documentation to process your claim (i.e. medical records, missing forms, etc.)
- ✓ Once processed, you'll be able to view your Explanation of Benefits (EOB) online within your Policyholder Portal; we'll also mail you a copy to the address on file
- ✓ We'll mail your claims check for eligible benefits to the address on file

Please note: If you assigned your benefits to your provider, your claims check for eligible benefits will be mailed to your provider instead.

- ✓ If your claim is not payable, the reason will be listed on your EOB as a remark code; please review this area as we may not have received all documentation needed for processing

Claim
question?

We're happy to help! Call **1-888-748-3040**, prompt 2.