

U65 Policyholder Portal How to Series

# Submitting a Claim via Quick Request

# What's Quick Request?

Quick Request is a feature within your Policyholder Portal that allows you to submit various requests and documents directly to us.

**Please Note:** There have been no changes to the process by which providers submit claims.

## Steps to submit a claim via Quick Request

1. Login to your Policyholder Portal
2. From the *Main Navigation* menu, select *Quick Request*
3. In the *Policy* section, select the policy for which you are filing a claim
4. For *Request Type*, select *New Claim*
5. From the *Patient* drop down, select the policyholder you are filing a claim for
6. Select *Click to upload file(s)* to upload applicable document(s)

### Important Note

To ensure a smooth claims process, please submit claims with the following rules in mind:

- One policyholder per claim
- Per calendar year
- One claim at a time

7. Select *Submit*

*And just like that, your claim submission is complete!*

**⚠** While submitting claims, please submit claims per calendar year, one claim at a time and upload documents for the selected patient only to avoid delays.

**3** Policy:  1234567 - ACCIDENT COVERAGE [Active]  1234567 - CRITICAL ILLNESS [Active]  1234567 - DENTAL PPO-2,000 MAX [Active]  
 1234567 - SPECIFIED DISEASE [Active]  1234567 - OPTIMUM HEALTH SAVER [Active]

**4** Request Type:  Bank Authorization  Claim Inquiry  General  
 Policy Change  Provider Nomination Form

Claims Submission  
 New Claim  Additional Document / Miscellaneous

**i** To avoid delay, please select correct request type.

**5** Patient:   This is a Prescription Claim

**i** Please select a patient you are submitting the claim for.

**6** Upload: Click to upload file(s)  
or drag & drop your file(s)  
**i** Only pdf, png, jpeg, jpg, tiff, gif files, max size of 20 MB, are allowed

Files to upload:	File Name	Size (KB)
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**i** To avoid processing delays, please preview each file and make sure the documents/images are readable.

**7**

# What to expect after submission...

- ✓ You can check the status of your claim by using the *My Claims* feature in your Policyholder Portal. Simply login to your [Policyholder Portal](#) online and navigate to the *My Claims* section on your *Dashboard*.
- ✓ 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 claim check for eligible benefits to the address on file.

*Please note: If you assigned your benefits to your provider, your claim 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.