

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.

 Provider

GUARANTOR DETAILED STATEMENT

Account: 01234568
John H. Smith
123 Main Street
City, State 56789

Date printed: 03/02/22

Detail for patient: SMITH, JOHN H

Service date	Pay date	Code	Procedure	Diagnosis	Provider	Charges
1/1/22	02/01/22	99214	Office/Outpatient established Mod MDM	E11.65.110, E78.5, E66.9, Z68.34	Jane Doe, MD	250.00

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.

Where to submit a claim

Mail documents to

PO Box 21531 Eagan, MN 55121

or fax to 877-877-0078

Questions?

Contact Customer Service
at **800-654-9106**

Claim Forms can be found at MedMutualProtect.com/Individual