

# 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, cost of each RX, 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 [kemperhealth.com](http://kemperhealth.com).

### 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 [kemperhealth.com](http://kemperhealth.com).

## 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**