

Member Claim Submission Form

Important information

To be considered a valid claim, submit your receipt or itemized statement along with this completed claim form containing the required information. Please refer to item #6 on the back of this form for the items required for claim submission. If sufficient documentation is not received, the claim will not be processed. Please staple the itemized statement or receipt here to the back of this form.

For the quickest filing, we recommend submitting this claim via our online tool. To do so, sign in to your member account at nyceppo.com. Hover your mouse over **Claims** and select **Submit a claim**. On the next screen, select **Submit an online claim**. You can also submit your claim from our NYCE PPO plan app. To download the app, go to your app store or scan the QR code here. Other options for submitting are listed on the back of this form.



Personal information

Name of employer <u>NYCE PPO</u>	Plan group number <u>76-417151</u>
Name of member _____	Member ID _____
Patient name _____	Date of birth (MM/DD/YYYY) <u> </u> / <u> </u> / <u> </u>
Employee phone number and/or email address _____	
Issue payment to Member Provider	Date of Service (MM/DD/YYYY) <u> </u> / <u> </u> / <u> </u>
Facility name _____	Provider tax ID# 9 digits (USA only) _____
Provider name _____	<i>Required field - Please contact your provider if statement is missing this information)</i>
Provider address _____	

Type of service

Check all that apply. Note: All service types may not be covered under your plan.

Medical	<table border="0" style="width: 100%;"> <tr> <td>Office visit</td> <td>Flu shot</td> <td>Breast pump</td> <td>Lab</td> </tr> <tr> <td>Immunization</td> <td>Durable medical equipment</td> <td></td> <td>X-ray</td> </tr> <tr> <td>Prescription</td> <td>Behavioral health</td> <td>Substance use</td> <td>Other (complete below)</td> </tr> </table>	Office visit	Flu shot	Breast pump	Lab	Immunization	Durable medical equipment		X-ray	Prescription	Behavioral health	Substance use	Other (complete below)
Office visit	Flu shot	Breast pump	Lab										
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Foreign	<table border="0" style="width: 100%;"> <tr> <td>Office visit</td> <td>Hospital</td> <td>Emergency</td> </tr> <tr> <td>Lab</td> <td>X-ray</td> <td>Prescription</td> </tr> <tr> <td colspan="3">Other _____</td> </tr> <tr> <td>Country _____</td> <td>Charge in USD \$ _____</td> <td>Diagnosis _____</td> </tr> </table>	Office visit	Hospital	Emergency	Lab	X-ray	Prescription	Other _____			Country _____	Charge in USD \$ _____	Diagnosis _____
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If you checked Other, please complete the information below. Use the space to briefly describe services rendered.
 Example: wellness/gym membership, acupuncture, foreign claims. **All service types may not be covered under your plan.**

Filing your claim is easy. Please review these important tips.

- 1 Use this form to file a claim for any eligible medical expense when your physician or other provider does not file a claim. Please print clearly with black ink, completing all required fields.
- 2 Attach your itemized statement (*or fully legible copy of the bill*) to the back of this form. Keep a copy for your records. Please use a separate claim form for each health care professional and for each family member.
- 3 See your NYCE PPO plan ID card for:
 - Name of member (*as it appears on the ID card*)
- 4 Patient name and date of birth must match NYCE PPO plan's eligibility file. Example - If your name was Eugene Smith on your enrollment form, claim must state Eugene, not Gene.
- 5 Name, address and tax ID number of the provider of service is required. If the provider's tax ID number (9-digit number) is not on your copy of the receipt, you can contact their office to obtain it.
- 6 To be considered a valid claim, (with the exception of gym memberships) your bill should include the following information:
 - Patient name
 - Date of service
 - Description of service (for example, office visit, injection)
 - Diagnosis (type of illness or injury)
 - A charge of each service
 - Name, address and tax ID number of the provider (required field for services rendered in the U.S. or U.S. territories)
- 7 If your plan covers gym memberships or other services not considered traditional medical expenses, the information needed to file a claim can vary. Date of service and diagnosis may not apply.
- 8 Balance due statements are not valid claims. See above for information needed to constitute a valid claim.
- 9 Your submission will be scanned. Staple any attachments to the back of the claim form, not the front. Additionally, please indicate the member number on any attachments, should paperwork be separated from the claim form.
- 10 Claim address listed on the bottom of the claim form is for member use only; providers should bill to the address on the member ID card. This fax number also supports international faxing.
- 11 Foreign claims: Please complete all the fields including type of service, date of service, country, charges in U.S. dollars (please provide a receipt of payment in U.S. dollars), and the diagnosis code or diagnosis description. If translation is needed to complete the processing of your claim, it may delay processing. Any information that is able to be provided in English will expedite processing.

In lieu of submitting online or via our NYCE PPO plan app, you may submit your claim by one of the following methods.

Fax:
855-444-2896

Mail:
**P.O. Box 21534
Eagan, MN 55121**