# **Submitting a Claim for Reimbursement**



Customer Service: 800-654-9106

### How to submit a claim

When a Provider does not submit the claim on your behalf, follow the directions listed below.

There are 3 convenient ways to submit claims:

- Online at MedMutualProtect.com/Individual
- Mail to PO Box 21531 Eagan, MN 55121
- Fax to 877-877-0078

# Submit an <u>itemized</u> bill that contains the following information\*:

- Name of the provider
- Patient's name
- Date of service
- Place of service
- Description of services rendered, codes for procedures (CPT/HCPCS) and diagnosis (ICD) if possible.
- Itemized list of each charge

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#### **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

Submit Online at

MedMutualProtect.com/Individual

Mail documents to

PO Box 21531 Eagan, MN 55121

or fax to 877-877-0078

### **Questions?**

Contact Customer Service 800-654-9106

<sup>\*</sup> Some submissions may require additional documentation such as medical history, pathological reports, operative reports, or accident reports to consider a claim for available benefits.