



Member Medical Claim Form

For Medical Only - To request payment of Part D prescription drugs, please use a Direct Member Reimbursement (DMR) form or contact our customer service.

Instructions

Please complete one Member Medical Claim Form per healthcare provider. If you are requesting payment for multiple providers, you must submit a separate claim form for each provider. Complete only those sections of this form that apply to you. Upon completion of the form, please sign and date. Attach a copy of your payment verification receipt(s) along with any additional documentation you feel may assist in our review. If you have further questions, you may contact Essence Healthcare. Our telephone number and mailing address are listed on the last page of this form. Thank you.

Member Information

Health Plan Member ID Number

Member Last Name _____

Member First Name _____

Date of Birth - -

Member Mailing Address

check here if address has changed
Apt #

Address _____

State

City _____

ZIP Code

Daytime Telephone Number - -

Health Care Provider Information

Organization Name _____

Provider Name (If applicable) _____

Floor/Suite #

Address _____

State

City _____

ZIP Code

Daytime Telephone Number - -



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PLEASE MAIL THIS FORM, ITEMIZED RECEIPT(S), AND ANY OTHER RELEVANT DOCUMENTATION TO:

Essence Healthcare
P.O. Box 5907
Troy, MI 48007

Our customer service is available at 1-866-597-9560, from 8 a.m. to 8 p.m., seven days a week. TTY users can call 711 toll free.

You may reach a messaging service on weekends from April 1 through September 30 and holidays. Please leave a message, and your call will be returned the next business day.

I certify that the information I have entered on this form is true and correct to the best of my knowledge and I hereby authorize the release to Essence Healthcare of any information pertaining to this claim.

Signature _____ Date _____



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Reference this document when completing your request!

This guide is here to help you in filling out your request and to offer a bit more clarity on how the Direct Member Reimbursement process works. We've also attached a fully filled out claim example for you to use as a handy reference.

Step 1: Filling out your form

First things first, fill out the Member Medical Claim form as best you can. If you're unsure about anything, don't hesitate to contact our friendly customer service team for assistance. Don't forget to sign or acknowledge the form before submitting it.

Step 2: Pre-approval documentation

If you haven't received pre-approval from your healthcare provider, you'll need any relevant documents or directions from them. Remember, emergency and urgent care services outside the US are covered under your Health Plan.

Step 3: Provider Information Needed

When filling out the claim form, it's vital to have all the necessary information and receipts from your provider. If the receipt you've received isn't itemized, reach out to our customer service or request a descriptive letter from your provider.

Additional Info: These documents should include things like procedure codes (CPT, HCPS, and/or CDT codes), your provider's National Physician Identifier number (NPI), Tax ID or Social Security Number, and the practice location.

Step 4: Exploring Additional Services

Your Health Plan covers some services that Medicare doesn't typically include, like Routine Vision, Hearing, and Dental. Note that processing these claims might require coordination with our vendors.

Step 5: Check your coverage

Before making a purchase, always get in touch with the Health Plan to assess your coverage, ensuring you're fully informed.

Please note: if your request is for a **Part D drug** the request is processed by the plans Pharmacy Benefit Manager.

Step 6: Regarding Proof of Payment

Remember, handwritten statements or remarks aren't accepted as proof of payment.



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Other important information

Processing Time:

Please be patient, as your claim might take around 60 days to process.

Document Submission:

You or your healthcare providers can fax, email, or mail any documents related to your request to the following addresses:

Fax: (888) 480-2577

Email: customerservice@essencehealthcare.com

Mail: P.O. Box 5907 Troy, MI 48007

Approval:

Simply filing a claim doesn't guarantee it will be approved. If we happen to deny your claim, remember that you have the right to appeal our decision.

Reapplication:

If we can't process your claim because we need more information, feel free to resubmit it once you have everything together.

Coverage:

We can only reimburse you for services covered by your plan. More details on services not covered can be found in the 'Evidence of Coverage Chapter 4, Section 3.1'.

Provider Limitations:

If you're a Medicare beneficiary, note that you cannot be reimbursed for services from providers that have been sanctioned, excluded, or opted out of Medicare.

Third-party Submission:

If someone else is submitting a request for you, we'll need some additional documentation to confirm that they're authorized to act on your behalf. If in doubt, give our customer service a call. Please keep in mind, a HIPPA authorization form doesn't qualify as valid authorization for reimbursement requests.

Provider Certification:

In general, we'll only consider reimbursement for services or items provided by a Medicare-certified healthcare provider.



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What happens if my claim form is missing information?

We understand that sometimes forms can be tricky. If your claim form is incomplete, don't fret!

1. We'll Reach Out:

Our team will attempt to gather the missing information. This could be through letters or phone calls requesting the details we need to process your request.

2. Help is Here:

If you're finding it tough, our customer service team is always ready to assist. Don't hesitate to contact them.

3. Denials are last resort:

If we're unable to collect the needed information despite our attempts, there is a possibility your claim might be denied. But remember, we're here to help prevent that from happening!

What happens if I disagree with the plans decision?

You have the right to ask Essence Healthcare to review our decision by asking us for an appeal.

Plan Appeal:

Ask Essence Healthcare for an appeal within **60 days** of the date of this notice. We can give you more time if you have a good reason for missing the deadline. See section titled "How to ask for an appeal with Essence Healthcare" for information on how to ask for a plan level appeal.

Vacation of dismissal:

- 1) If you think we have incorrectly dismissed your reimbursement request, you may request that we review our dismissal
- 2) You may request that we vacate (set aside) the dismissal action. If we determine there is good cause to vacate the dismissal, we will vacate our dismissal and review your reimbursement request

Please note: A copy of this Notice of Dismissal of Request for Reimbursement should be submitted along with any supporting information with your request.

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Complete Request Example

Example #1: Office visit / Urgent Care

ESSENCE HEALTHCARE		Member Medical Claim Form	
		For Medical Only - To request payment of Part D prescription drugs, please use a Direct Member Reimbursement (DMR) form or contact our customer service.	
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Member Information			
Health Plan Member ID Number	0 0 0 0 0 0 0 0 0 1		
Member Last Name	Doe	Member First Name	Jane
Date of Birth	0 1 - 2 8 - 1 9 5 0		
Member Mailing Address	<input type="checkbox"/> Please check here if address has changed		
Address	1234 Essence Lane	Apt #	1234
City	St. Louis	State	MO
Daytime Telephone Number	3 1 4 - 2 2 2 - 1 2 3 4		ZIP Code
			63101
Health Care Provider Information			
Organization Name	Daytona Providers Association		
Provider Name (If applicable)	Dr. John Smith (NPI 123456789 TIN 43-1234567)		
Address	5678 Provider Street	Floor/Suite #	Suite 200
City	Daytona	State	FL
Daytime Telephone Number	3 8 6 - 5 0 0 - 5 6 7 8		ZIP Code
			32114

Example



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Services and/or Supplies For Which Payment Is Requested

Date of Service	Charge Amount	Place of Service	Description of Service/Supply (enter billing codes if available)
01/01/2023	\$100	Office	99202: Office Visit

Example

Please describe the illness or injury for which you sought these services/supplies:

I was not able to go to a participating provider because i was outside of the service area and needed to see the doctor.



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Daytona Providers Association - Receipt for services			
Patient:	Jane Doe	Date of service:	1/1/2023
Account number:	1234567		
	1234567		
Service Provider:	Dr. John Smith		
Servicing NPI	123456789		
TIN	43-1234567		
PAID			
Charges			
Date of Service	Procedure Code	Description	Amount
1/1/2023	99202	Office Visit, New Patient	\$130.00
Payments and Adjustments			
Payment Date	Description	Amount	
1/1/2023	Office Visit, New Patient	\$100.00	
1/1/2023	Self Pay Adjustment	\$30.00	

5678 Provider Street Suite 200
Daytona, FL 32114

PAID RECEIPT

Description(s)	Amount
[1] Office visit	\$100.00
[2] Adjustment (self pay)	\$30.00

TOTAL	
Debit Card	\$100.00
Change	\$0.00

Auth #	132577611-464
Card#	----- 5018

THANK YOU. HAVE A WONDERFUL DAY



Example



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Example #1: Foreign Cruise Ship

Please note: Cruise Ship Medical Centers are considered foreign claims.

INVOICE NO 99955552222		CARNIVAL CRUISE MEDICAL CENTER		VISIT DATE 01/01/2023	
FOLIO 99955	PATIENT NAME Doe, John (Jan 28, 1955)	CABIN 1234	CRUISE NAME VS46464646464	TREATING PHYSICIAN Rivera, John MD	
PATIENT ADDRESS 1234 Sunny Ave Springfield					
BILL PREPARER Smith, Martha	CHARGE DATE Jan 1, 2023 08:15 UTC-6:00	SETTLEMENT TYPE FOLIO	POLICY NUMBER -		
TOTAL PROFESSIONAL SERVICES \$200.00	TOTAL MEDICATIONS \$50.00	TOTAL SUPPLIES \$50.00	TOTAL CHARGES \$300.00		
SKU 8888899	CPT --	PROFESSIONAL SERVICE DOCTOR CONSULTATION, OUT OF OFFICE HOURS	PRICE \$200.00	QTY 1	TOTAL CHARGES \$200.00
SKU 888999	MEDICATION IV <u>FLUID</u> .9NS 1000ML		PRICE \$50.00	QTY 1	TOTAL CHARGES \$50.00
SKU 888999	SUPPLY IV INTERLINK SOLUTION SET		PRICE \$50.00	QTY 1	TOTAL CHARGES \$50.00
FINAL DIAGNOSIS R05.9 Diagnosis Code: Cough, unspecified					
ADDITIONAL DIAGNOSIS R68.89 - Other General Symptoms and Signs					
DOE, JOHN MARK Jan 02, 2023 10:00 UTC-6:00			Rivera, John MD Jan 02, 2023 10:00 UTC-6:00		

Example