

# HOW TO FILE YOUR CLAIMS

Medical claims are conveniently submitted directly to ArmadaCare from Aetna. These claims do not require any action on your part. When you receive your Explanation of Benefits (EOB) from your primary dental or vision carrier(s), you or your designee can file the remaining patient responsibility expense for reimbursement with us.

## WAYS TO SUBMIT YOUR NON-MEDICAL CLAIMS

There are number of convenient ways to file a claim.

### 1. **Your Member Portal**

Visit [www.ArmadaCare.com/myaccount](http://www.ArmadaCare.com/myaccount) to submit claims online for the fastest reimbursement.

### 2. **ArmadaCare Mobile App**

Download the app by searching for "ArmadaCare" in your mobile device's app store. Take a picture of supporting documentation and submit for reimbursement right from your mobile device.

### 3. **Via the Secure Sharefile Site:**

[www.Armadacare.com/submit](http://www.Armadacare.com/submit)

### 4. **Paper Claims**

Fill out a paper claim form, which can be downloaded from your Member Portal at [www.ArmadaCare.com/myaccount](http://www.ArmadaCare.com/myaccount). Send it along with supporting documentation via:

- » Mail to P.O. Box 133  
Hunt Valley, MD 21031

**Questions?** Email [support@armadacare.com](mailto:support@armadacare.com)



## WHEN DO I FILE?

The policy requires the claim to be filed within 90 days of service. However, recognizing that it is not always reasonably possible to do so, claims are accepted up until 90 days after the Ultimate Health plan year end.

## GUIDELINES

### **Complete the Claim Fully**

- » Submit a separate claim for EACH insured or dependent. You may list multiple claims together, but each eligible participant must have a separate claim submitted.
- » Select the appropriate benefit category, such as Medical, Dental, Vision, etc.
- » Provide information about the expense claimed: a description of the type of service or condition treated, provider name, date of service, amount claimed (the balance you are responsible for after your primary carrier(s) has processed the expense and made adjustments to the amount due), signature and current date.

- » **Dental and Vision:** If you have a primary dental or vision plan and/or have dental or vision coverage with your primary medical plan, please submit an (EOB) to us for reimbursement. Include all pages of the EOB from your primary plan(s) such as footnotes and remark or denial codes. If you purchased items or received services outside of your primary plan benefits, please submit a detailed receipt showing your out-of-pocket costs. If you do not have primary dental or vision coverage, submit a detailed receipt that shows treatment/services received, date of service, patient name, provider name and amount paid.<sup>1</sup>
  - » **Orthodontia:** Submit the treatment plans or contract showing the entire amount you are responsible for and a detailed receipt identifying payments made to date for which you are claiming reimbursement. This could include a payment in full or a down-payment and any other installments made there after.
  - » Also submit EOB if you have primary dental.
- » **Prescriptions:** Submit an Rx slip that includes patient name, drug name, filled date of prescription and charged amount. A cash or credit card receipt is not sufficient.
- » **213(d)-Expenses:** A prescription is not required for over-the-counter medication; please submit a detailed receipt. A prescription is required for massage therapy treatments to be a qualified expense per IRS 213(d) regulations.
- » **Elective Executive Physicals:** Submit an ArmadaCare claim with an invoice or a detailed receipt. Ensure the receipt provides the date of service, claimant, services provided, amount charged and facility/provider name. Sign and date the claim form (if submitting manually).

## AVOID THESE COMMON MISTAKES

- » Don't ignore your EOB from ArmadaCare when it arrives in the mail. It may include important information about your claim such as why a claim was denied. Common denial reasons include: the lack of an EOB or other important information required to process the claim, a duplicate claims submission, reaching the benefit maximum or submitting ineligible expenses.
- » Don't forget to tell the person who is filing your claim when you receive payment or an EOB from ArmadaCare. This will avoid duplicate submissions of the same claim.
- » Avoid writing "see attached" on the claim form. We need to know what service and what amount you are claiming. If we have to interpret the information, the claim may be delayed or denied.
- » Don't submit claims for any "balance forward" amounts. Account statements do not generally provide sufficient information to process a claim and do not enable us to match up claims against specific EOBs or previously submitted claims.
- » Don't submit cash or credit card receipts or cancelled checks as documentation. These are not sufficient to process a claim as they provide no way for us to verify eligibility of the person or expense.
- » Don't try to use your Prescription Visa® Card to pay for co-pays. The card is designed for prescriptions only and will be declined for all other expenses.
- » Don't black out the name of the drug on the prescription receipt. This information is required to audit the claim.
- » Don't highlight items. Circle items if necessary as we scan all claims into our claims system.

<sup>1</sup>A cash or credit card receipt is not sufficient documentation.

