

# BENEFIT CLAIMS PROCEDURE

1. Complete a claim form with EVERY submission. To ensure quick processing, be sure ALL requested information is included and all sections are complete. Do not write "see attached" in any section.
2. STAPLED to the claim form should be legible copies of documentation to support your request for reimbursement.

*THIS DOCUMENTATION MAY INCLUDE, BUT IS NOT LIMITED TO:*

- A. Explanation of benefits from all health benefit carriers involved, if applicable.
- B. Copies of walkout statements noting co-pay amounts, bills, or itemized prescription receipts. (Cash register receipts acceptable for Over the Counter Products "OTC" only)

**THIS DOCUMENTATION MUST BE ITEMIZED AND SHOULD INCLUDE:**

- Name of Provider of Service
- Address and Tax ID # of Provider
- Patient's Name
- Date of Service (not the date of payment)
- Type of Service Provided (i.e. "office visit", "x-ray", etc)
- Charged Amount for each Service Provided
- Health Benefit Payments (if applicable) made toward the charge for each date of service
- RX for eligible OTC Products

Statements showing ONLY received on account (ROA), paid on account (POA), balance due, balance forward, or previous balance are not acceptable forms of documentation and will be returned to you for insufficient information.

The more specific documentation you provide, the less chance of returned claims and/or delays in claim processing.

- C. For DEPENDENT CARE, the required documentation must be a paid receipt showing the dates of service, who the care was provided for, amount(s) charged, name, address and Tax ID # (or social security number) of the provider, (this should be a 9 digit number).
4. Your Plan processes claims on the 1<sup>st</sup> and 3<sup>rd</sup>, or 2<sup>nd</sup> and 4<sup>th</sup> Mondays of the month. Check your Plan Administration for your schedule. Submit your claim no later than 12:00 NOON on the preceding Thursday in order to be considered for that claim run. Please refer to the claim processing schedule you received with your initial EOB for specific dates and Holiday exceptions.
5. Mail your completed claim form and documentation to:

SIEBA, LTD.  
111 Grant Ave, Ste 202  
PO Box 5000  
Endicott, NY 13761-5000

6. If you have any problems or questions regarding claims or account status, please call:

SIEBA, LTD at: (607) 786 - 3003 or (800) 252-4624 FAX: (607) 786-3437