

The top 10 ways to avoid a claim being denied

No one wants to have a claim denied. Your health plan may pay a claim, but tax-advantaged accounts like FSAs and HSAs must meet additional government regulations. And sometimes SelectAccount has to deny a claim for a variety of reasons. To help you avoid frustration and delays, here are 10 tips to avoid common mistakes. Do paperwork once and get reimbursed faster.

Take a minute to review these tips before you submit a claim form and together we can get it right the first time. If you've received a notice that your claim has been denied — the wording inside the () — follow the advice in the tip before you submit it again.

- 1 Make sure you include your health plan's Explanation of Health Care Benefits (EOB)**
(Resubmit with an Explanation of Health Care Benefits (EOB) from your health carrier)
You likely have coverage for this claim, but we need to know how your health plan processed the charges. Submit a copy of the EOB from your health plan.
- 2 Verify the type of service you received**
(Resubmit with breakdown of service type)
The service or item is not clearly identified on the documents you submitted. To make sure the expense is eligible, we need to know what each item is and the charged amount. For example: if you bought ibuprofen, but your receipt doesn't clearly show the name of the item, you may need to send in a copy of the product or additional documentation from the store.
- 3 Claim has already been paid**
(Duplicate payment/previously reimbursed through crossover feature)
 - When submitting a claim, either mail or fax, don't do both.
 - If you are signed up for crossover, do not submit the claim manually.
 - IRS guidelines prohibit you from claiming the same expense twice.
- 4 Make sure your documents are clear and can be read**
(Documentation provided could not be read or was unclear)
 - If you are not going to submit the expenses right away, make a photocopy of cash register receipts. The ink fades over time.
 - Do not use a highlighter on receipts or claim forms. It will appear black when scanned or faxed. Circle or underline the information, instead.
 - Print legibly using an ink pen so that the text is dark enough.
 - Avoid colored paper. Text can be difficult to read.
 - Make sure there is at least an inch of border around the text when faxing. The fax machine prints information in that space and may cover information needed to process your claim.

Tips for submitting claims

- 5 Make sure you were enrolled in your health plan**
(Not enrolled during service dates)
You were not covered by this plan when you received service.
Note: The date of service is when you order a supply or receive a service, not the date you pay the bill.
- 6 Are your expenses eligible?**
(Ineligible expense under this account type)
Based on IRS guidelines your expenses are not eligible to be paid or your account/group does not allow payment for these expenses.
- 7 Can this expense item be used for non-medical as well as medical reasons?**
(Resubmit with a doctor's letter of medical necessity)
Some items can be used for medical, general health or cosmetic reasons. To meet IRS guidelines, you need a Letter of Medical Necessity from your doctor.
Example: a prescription drug that has both a cosmetic and medical use.
Note: The Letter of Medical Necessity form can be found at www.selectaccount.com.

- 8 Enclose the right documents for your claim**
(Resubmit with supporting documentation)
IRS guidelines require specific information from your provider/merchant documented to validate eligible expenses, including:
- Date of service
 - Name of person receiving service
 - Name of the provider of service
 - Type of service or supply provided
 - Amount charged for each service or supply or the amount not reimbursed by the health plan.
- Note:* The date of service is the date you order a supply or receive a service, not the date you pay the bill.

- 9 Only submit a claim for the amount you owe**
(Documentation provided reflects a patient responsibility of approved amount)
We can only reimburse you up to what you owe. For example, if you request \$100 on your claim form and your documentation says that your responsibility is \$80, we will only approve \$80 and deny the additional \$20.
- 10 Sign your claim form**
(The submitted claim form did not include the member's signature)
Claim forms must be fully completed and signed before we can pay you from your account. Your signature also means that you have not been paid for the claim before and will not seek payment for these charges from your medical plan or any other health plan.

Questions?

For more information call SelectAccount customer service at **651-662-5065** or toll free at **1-800-859-2144** from 7 a.m. to 7 p.m. Monday through Friday.