How to file a medical claim for reimbursement

When you get medical care, your doctor or provider usually files your insurance claim for you. However, there are times when you may have to pay for your claims at the time of service and submit the claim to UMR for reimbursement.

When filing a claim, you'll need a few things handy:

- Provider tax ID number
- CPT codes of the service(s)
- Diagnosis code(s)
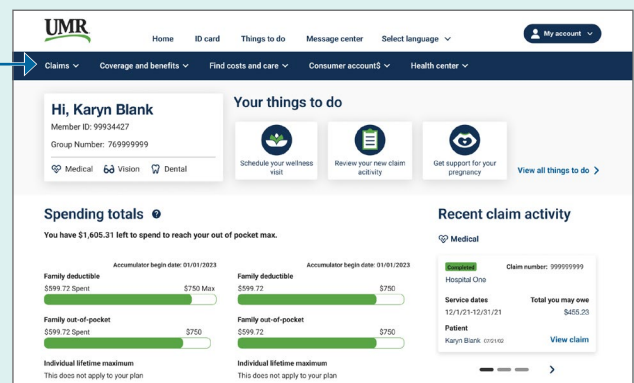- Receipt for service(s)
- Date of service
- Description of service

Please complete the claim form completely and accurately to ensure it's processed on time.

There are two ways to get reimbursed for health care services you paid for out-of-pocket:
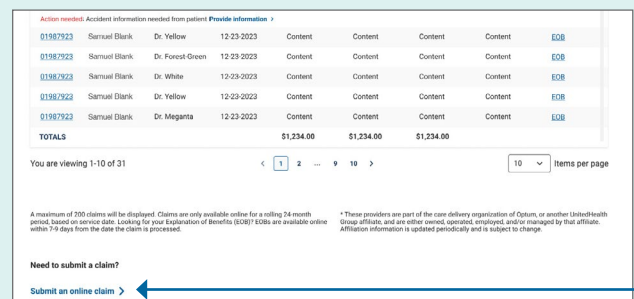
- **Submitting claims to umr.com**
  Sign in to the member website at **umr.com** and follow the prompts to complete the form online.

- **Emailing, faxing or mailing a claim form**
  Fill out a UMR claim form and send us your receipt by email, fax, or mail.

UMR on the go!

You can also submit claims on the UMR app. To download the app, scan the QR code or visit your app store today!

Submitting claims to umr.com

1 Visit **umr.com**

2 If you already have an account, use your credentials to sign in. If not, you can register by creating your HealthSafe ID.

3 Once you're signed in, you'll be taken to your member portal dashboard. From there, go to the blue secondary navigation bar and select **Claims**. This will bring you to your claims dashboard.

4 Scroll down and select **Submit an online claim**. Follow the prompts to complete your claim submission and upload your receipt.

(Fictionalized data)

Emailing, faxing or mailing a claim form

An alternate option is to fill out a claim form and email or fax your receipt. You can access claim forms by going to **umr.com** and navigating to **Form Center** in the blue secondary navigation bar. From there, you may select and download the appropriate claim form.

Once you've completed the form, you can either email, fax or mail it. The form includes the appropriate email address, fax number and mailing address.

Checking on the status

After you've submitted your claim, you can go to your member portal dashboard to check on the status. The system will indicate one of the following:
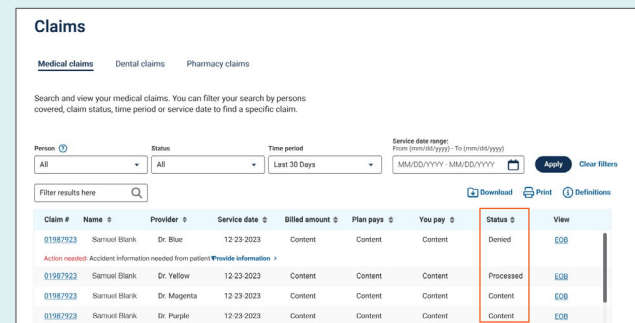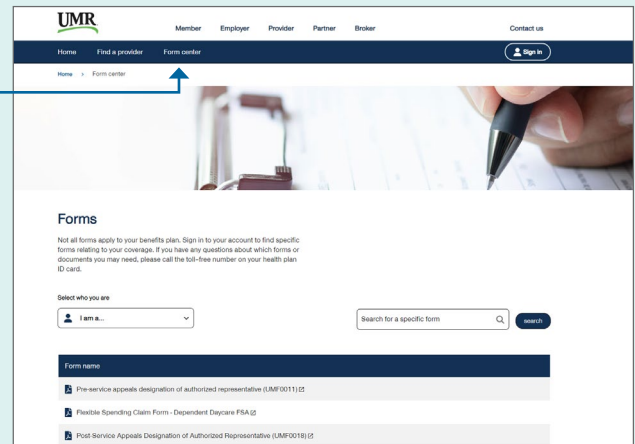
- Status: Completed
- Status: In Process
- Status: Denied

Check your EOB

Once your claim has processed, you can view it online and see a copy of the explanation of benefits (EOB). An EOB is not a bill. It simply tells you everything you might want to know about how your recent medical service was covered by your benefits plan. In your EOB, you'll be able to see:

- How much your provider billed
- The amount paid by your plan (how much you'll get reimbursed for)
- The amount taken out-of-pocket, including copays, deductibles and out-of-pocket amounts (you won't get reimbursed for this)

If you have any questions or need additional information, please call the customer service number on your ID card.

(Fictionalized data)

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