

CLAIM FILING TIPS

WE WANT YOUR CLAIMS TO BE PAID ACCURATELY AND TIMELY. USING THE FOLLOWING TIPS WILL HELP US GIVE YOU BETTER SERVICE.

DOs

- Answer all the appropriate questions and sign the claim form.
- Always send your claim form and an itemized statement of charge which includes:
 1. Employee name
 2. Patient name
 3. Provider name & Tax ID number
 4. Dates of service
 5. Diagnosis (preferably with code number)
 6. Types of service (preferably with code number)
 7. Charges for each type of service
- Try to batch your claim submissions (send several itemized bills at one time). This will help us keep costs down.
- **If you have insurance coverage**, please remember to submit the claim to the **primary insurance plan first**. (Refer to your health benefit booklet, “coordination of benefits” section to determine which plan is primary). When you receive the “explanation of benefits” statement back from the primary plan, submit the claim to the secondary plan by sending that plan’s claim form, a copy of the bill and a copy of the primary plan’s EOB (explanation of benefits statement).
Exception: The Administration Office will internally coordinate the processing of a claim, if both plans are administered by WPAS.
- Always pre-certify “non-emergency surgeries and/or hospital confinements” by calling PRO-West at (800) 783-8606
- Have your dentist submit a “pre-treatment dental plan” for all claims expected to exceed \$400 to the Administration Office. This will let you know your “out-of-pocket expenses” **before** services are rendered.

DON'Ts

- Never send a “balance forward bill” to the Administration Office.
- Make certain you know who is going to file your claim. Do not submit a claim yourself, if your health care provider tells you they will submit the claim for you. Duplicate claim filing adds to the administrative expense of operating our plan.