



ClaimLinx  
10260 Alliance Road  
Suite 130  
Cincinnati, OH 45242  
(513) 677-6262 or (800) 858-1772 Phone  
(513) 677-6263 or (800) 858-1913 Fax  
www.claimlinx.com

## ***Benefit Administration That's Personal!***

### **How to File a Medical Claim**

Your employer has purchased major medical coverage with a high deductible. In addition, your employer is self-funding a portion of your health coverage in order to provide you with the same quality benefits at a cost-efficient price. Therefore, it's important to know how to process a claim with our office.

#### **To file a medical claim:**

- ✓ Show two cards when you visit your medical provider:
  1. Major Medical Coverage identification card as "primary" coverage. (i.e. Humana, Medical Mutual, United Healthcare, Anthem, etc.)
  2. ClaimLinx Employer Funded Identification card as "secondary" coverage

**\*\*Most providers file secondary coverage. If your doctor does not file secondary or you receive information at your home please send any of the following items in order to assist us in processing your claim:**

1. **Send us your Major Medical Carrier Explanation of Benefits (EOB).**
  - This document shows the amount billed less the discount with your Major Medical Carrier. You usually receive this within a month after you have visited your provider (i.e. doctor, hospital, xray, laboratory).
2. **Send us any documentation from your provider that has diagnostic coding on it.**
  - Diagnostic coding is what the provider uses to explain what condition you have, what service was performed, etc. You can ask for this when you leave the facility. Most of the time they distribute it to you upon leaving your appointment and/or hospital/doctor visit.
3. **Send us information about your provider such as a phone number.** This can be written on your EOB or included on the Provider Information Form in this packet. This is helpful if we do not have your medical provider in our system and need to obtain billing information.
4. **Send us invoices NOT STATEMENTS.** Statements provide no value in filing a claim. Invoices provide us with detailed billing information, your account number, claimant name and diagnosis.
5. **If you are Jr. or Sr. be sure your doctor has this information correct in their system or indicate it on your EOB.**

#### **What do I do?**

- Show 2 cards
- Send:
  - ✓ EOBs
  - ✓ Invoices
  - ✓ Diagnostic coding
  - ✓ Info on your providers
- Indicate Jr. or Sr. on your EOB if this is applicable.
- Allow 10-30 business days for processing and payment from the day we receive your claim
- Claims may be appealed through your plan administrator
- Provide receipts if services were paid for up-front.

#### **If you pay "up-front" for services and are requesting reimbursement:**

- You must provide a copy of your receipt indicating that you paid for any services "up front". A receipt could be a credit card statement, receipt from doctor's office, pharmacy receipt, processed check front and back, etc.
- Services will not be reimbursed directly to you without this documentation.

**\*\*CONTACT OUR OFFICE IF YOU HAVE ANY QUESTIONS\*\***



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**Understanding the Explanation of Benefits (EOB)**

***How do I read my Explanation of Benefits (EOB)?***

Typically you will receive two EOBs:

1. Major Medical Carrier Explanation of Benefits
2. ClaimLinx EOB **after** your claim has been processed and/or paid

***What do I do with the Major Medical EOB?***

- Fax, mail or regular mail a copy of your Major Medical EOB to ClaimLinx. You will receive about a month after you went for services.
- ClaimLinx may request additional information that is needed to process your claim. This may include verification of your provider's address, telephone number, diagnostic service, billing summary, etc. These requests are required in order to process your claim properly through our system. Typically they are performed via a letter or by email.

***What happens after my claim is processed?***

You will receive another EOB from Claimlinx. This EOB is a summary of all charges and payable benefits remaining after the claim has been filed. For example, on the generic EOB attached, the total claim is for \$59. In this case, the health provider discounted the charge \$5.56, reducing the amount owed to \$53.44. In this case, the patient is only responsible for the co-pay of \$20, which reduces the amount owed to \$33.44 This is the total amount owed to the physician, and the amount the employer will pay ClaimLinx to submit payment to the provider.

\$59.00	Total charges for services
- 5.56	Amount discounted by physician(only applicable in certain cases)
\$53.44	Amount owed before claim is filed
- 20.00	Co-pay (amount patient responsible for at time of visit)
\$33.44	Payable Benefit – paid by employer through ClaimLinx

**THINGS TO REMEMBER ABOUT THE EOB**

- EOBs are **required if your provider does not file secondary coverage.**
- ClaimLinx **does not** receive EOBs direct from the Major Medical Carrier.
- Do not throw away your EOBs! **This may be the only document that we will get to file a claim.**
- Send **any medical documents** you receive – we will sort it out at ClaimLinx. If we cannot use the document you send us, it is put in your medical file.
- Be sure to **make a copy of the EOB** for your records.
- The sooner ClaimLinx receives your EOB, the sooner the claim gets processed.
- Allow 30 business days (maximum 90 days) for claims **to be processed and paid** from the day they are submitted.
- Claims should be **submitted as they are incurred.** Delays may occur due to the need for additional information.

**XYZ Company**  
 123 Anywhere Street  
 XYZ City, ST Zip Code

# Explanation of Benefits

13-Nov-2007

Claims Managed by:

10260 Alliance Road

Suite 130

Cincinnati, OH 45242

Phone: (513) 677-6262 Ext( )

Fax: (513) 677-6263



**This is an Explanation of Benefits.**  
**This means your claim has been processed and/or paid.**

Claim Number: 11359

Pay To: Provider

Check Number: 8055539

Claim Date: 07/05/2006

Claimant Acct #: n/a

Issued: 3/12/08

Employee	Claimant	Provider
TBA-00-1234 XYZ XYZ Employee Xyz Street  Loveland OH 45140	TBA-00-1234 00 XYZ Employee, XYZ Xyz Street  Loveland OH 45140	XYZ XYZ Provider XYZ First Street  XYZ City OH 45140

Procedure	Treatment Date	Claim Amount	Allowed (Less Dscnt)	COB	Primary Deduct	Primary CoPay/Coln	Carrier Paid	Member CoPay/Colns
10 Office Visit	01-Jul-2006	\$59.00	\$53.44	0.00	\$53.44	\$0.00	\$0.00	\$20.00

<b>Ind Ded Met: \$0.00</b>		<b>Claim Totals:</b>		<b>\$59.00</b>	<b>\$53.44</b>	<b>0.00</b>	<b>\$53.44</b>	<b>\$0.00</b>	<b>\$0.00</b>	<b>\$20.00</b>
<b>Fam Ded Met: \$0.00</b>		<b>Employee Responsibility:</b>		<b>\$20.00</b>	<b>Paid to Provider:</b>		<b>\$33.44</b>			

- "Employee Responsibility" is the amount you owe to the Provider. Please pay your provider promptly.
- "Paid to Provider" is the amount that was paid to the Provider by your employer.
- The Check Number above is the ClaimLinx Check Number tht was sent to the Provider.

**Explanation of Benefits:**

The procedure code, 10, was limited to \$53.44, from the original charge of \$59.00.

This is an example of an EOB that will be sent to you by Claimlinx.

- When you receive this in the mail, you will know your claim has been processed and/or paid.
- The "Paid to Provider" is the amount that will be sent to the provider on your behalf.
- The "Paid to Provider" will be paid by your employer.
- The "Employee Responsibility" is your responsibility to pay at the time of service or when you receive a bill.

Contact our office for any questions you may have regarding the EOB you receive from our office.

XYZ XYZ Employee  
 Xyz Street

Loveland OH 45140



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## How to Get Reimbursed for a Prescription

Your employer has decided to reimburse you for prescription drug benefits as outlined in your Prescription Reimbursement Schedule of Benefits.

To file a Prescription Reimbursement Claim:

- ✓ Visit a pharmacy as outlined in your major medical carrier coverage directory. Most carriers have the directories outlined on their website, or refer to the documentation received in your major medical carrier member packet.
- ✓ Keep the receipt you receive from your pharmacist and make a copy for your files
- ✓ Complete the enclosed Prescription Expense Reimbursement Form
- ✓ Send the Prescription Expense Reimbursement Form along with a copy of the prescription receipt to our office.
- ✓ Please send via fax or regular mail
- ✓ You will receive an explanation of benefits in the mail from ClaimLinx indicating your reimbursement amount.
- ✓ Reimbursement checks for prescription drugs are mailed directly to member's address on file

Remember.....

- keep a copy of your receipt and claim for your records
- do not send poorly reproduced copies
- ClaimLinx must be able to read the name, date of service, type of drug, etc. in order to process a reimbursement
- Store receipts are not eligible for reimbursement. ClaimLinx must receive a copy of the actual drug dispensation documentation in order to process a claim.

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**Prescription Expense Reimbursement Form**

**NOTE: Please fax or mail and attach RX receipt(s) to process your request.**

Today's Date: \_\_\_\_\_ # Pages \_\_\_\_\_  
 (include coversheet)

Company: \_\_\_\_\_

Employee Name: \_\_\_\_\_  
 (Please Print Clearly – First Name, MI, Last Name)

**Relationship: S = Self / SP = Spouse / CH = Child**

	Drug Dispensation Date	Claimant Name	Relationship to Employee (Circle)	Prescription Expense Type (Circle)		Employee Paid	Reimbursement Amount
				Retail	Mail Order		
1			S / SP / CH	Gen/Brand /Non-Form	Gen/Brand /Non-Form		
2			S / SP / CH	Gen/Brand /Non-Form	Gen/Brand /Non-Form		
3			S / SP / CH	Gen/Brand /Non-Form	Gen/Brand /Non-Form		
4			S / SP / CH	Gen/Brand /Non-Form	Gen/Brand /Non-Form		
5			S / SP / CH	Gen/Brand /Non-Form	Gen/Brand /Non-Form		
6			S / SP / CH	Gen/Brand /Non-Form	Gen/Brand /Non-Form		
7			S / SP / CH	Gen/Brand /Non-Form	Gen/Brand /Non-Form		
		<b>TOTAL</b>					\$

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## ***Benefit Administration That's Personal!***

### **Frequently Asked Questions**

#### ***What is ClaimLinx?***

Founded in 2004 by Christy A. Quigley, we are a Cincinnati, Ohio-based company operating as a third party administrator in the State of Ohio, Kentucky and Indiana. The owners have a combined experience of over 40 years in the insurance industry. We coordinate the processing of claims for over 4,000 members in the tri-state region and pride ourselves on our personalized customer service. Our team is committed to providing you with unprecedented service given by no other in the industry.

#### ***Is ClaimLinx a secondary insurance provider?***

No. We are a third party administrator for employer sponsored plans. We service "you" the client, not the insurance company. Part of our expertise is in making sure that each individual claim has been reviewed for the maximum pay-out allowed. In addition, we act as an educational resource for employees and their families in order to better educate themselves on the health care system.

#### ***Why do I need insurance?***

Without insurance, you and your family could literally be wiped out financially by just one trip to the emergency room or one surgical procedure. According to the Kaiser Family Foundation ([www.kff.org](http://www.kff.org)), in 2004, \$1.9 trillion was spent on health care in the United States. That's about \$6,280 on average per person. The majority of this expense was for hospital procedures that accounts for over 26 percent of the total spending. Those who choose to have health insurance can feel comfortable about protecting the welfare and financial stability of themselves and their families.

#### ***If I have regular health coverage, do I need any other insurance?***

Having regular health coverage is nice, but when examining your overall personal profile, it is best to cover all the basis. ClaimLinx partners with brokers in the area that also offer products designed to enhance your existing health coverage. Such products include supplemental products, long-term care, life insurance, tax consulting and financial planning.

#### ***How long does it take to process a claim?***

##### Example:

- **Step 1:** You go to a health care provider and present you major medical insurance card. You pay any required co-pay or coinsurance. Your health care provider files the claim with the major medical insurance company.
- **Step 2:** In 2-4 weeks, you receive, in the mail, an Explanation of Benefits (EOB) from your major medical insurance company. This EOB states what was paid by your insurance and what is your responsibility.
- **Step 3:** At this time, you send copies of the paperwork (from the health care provider) and the EOB to ClaimLinx. Your claim is reviewed for accuracy and processed through our electronic claims system.
- **Step 4:** You then, will receive an EOB from ClaimLinx explaining the "Member Responsibility" and the "Payable Benefit". The Member Responsibility may be your copay or coinsurance that you already paid at the doctor's office. The "Payable Benefit" (if any), is the amount your employer is going to pay the doctor directly for you.

- **Step 5:** Employers receive reports every 2 weeks outlining the payments required to pay providers. Once ClaimLinx receives the funds from your employer, disbursements are sent to the providers on behalf of the employers, and the employees.

When in doubt about what step your claim is in, contact our office. Our helpful staff will be happy to assist you.

***What is a deductible?***

A deductible is a specific dollar amount that an individual must pay before reimbursement for expenses begins. The higher the deductible, the lower the cost of the health insurance plan.

***For insured employees with dependent coverage, does the deductible for each person have to be satisfied before the reimbursement begins?***

Each person covered under the group health plan must meet a deductible before expenses will be covered. However, plans usually include some type of family deductible in order to limit a family's exposure for health care expenses.

The family deductible is usually some multiple of the individual deductible, generally two or three. For the family deductible to be satisfied, the combined expenses of covered family members are accumulated. Some plans require, however, that at least one family member satisfy the full individual deductible before the family deductible can be met.

***What is a Medical Expense Reimbursement Plan (MERP)?***

The plans called "MERP" in the industry utilize an over-50 year old federal tax code to allow employers to deduct medical reimbursement benefits. The employer purchases a high-deductible plan and self-funds the difference between the high deductible and your copays and/or coinsurance. Sometimes employers also purchase supplemental benefits to insure their savings. These supplemental benefits provide payment to the employer. By doing this, they are able to provide you with the same benefits. The MERP requires slightly more administration for the employee, but most of our clients say they are happy with finally knowing how much medical treatments cost.

***Why did my employer purchase a Medical Expense Reimbursement Plan (MERP)?***

Your employer was showed the MERP because they are looking out for your best interest. They are examining ways to cut costs while providing you with the same benefits. Some employers have told us they would not have been able to even provide any health benefits without using the strategy.

***Where can I get additional information?***

Refer to the list "Who to Call" list of contact names to speak to one of our helpful staff members. You can also find out more information on the MERP in "*How to Beat the High Cost of Health Care*", published by Thomas J. Quigley president of Total Benefits Planning Agency, Inc. and Edward A. Lyon, JD. President of Taxtuneup.com. Also access tax information on [www.irs.gov](http://www.irs.gov) and type in "Section 105" in the search bar.

MERP plans are governed by the Employment Retirement Income Security Act of 1974 (ERISA). If you have any questions about your plan, you should contact the plan administrator. If you have any questions about your rights under ERISA, or if you need assistance in obtaining documents from the plan administrator, you should contact the nearest office of the Pension and Welfare Benefits Administration, U.S. Department of Labor, listed in your telephone directory or the Division of Technical Assistance and Inquiries, Pension and Welfare Benefits Administration, U.S. Department of Labor, 200 Constitution Avenue N.W., Washington, D.C. 20210. You may also obtain certain publications about your rights and responsibilities under ERISA by calling the publications hotline of the Pension and Welfare Benefits Administration.

**\*\* WE LOOK FORWARD TO PROVIDING YOU PERSONAL SERVICE \*\***



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## Who to Call

**General Claims Questions and Inquiries: [help@claimlinx.com](mailto:help@claimlinx.com)**

<u>Name</u>	<u>Hours</u>
<b>Christy Quigley - <a href="mailto:cquigley@claimlinx.com">cquigley@claimlinx.com</a></b> <b>President/Owner</b> <ul style="list-style-type: none"><li>➤ Marketing &amp; Business Manager</li><li>➤ Plan implementation &amp; setup</li></ul>	<b>Mon thru Fri: 9:00 – 5:00</b>
<b>Thomas J. Quigley – <a href="mailto:tquigley@claimlinx.com">tquigley@claimlinx.com</a></b> <b>National Sales Consultant</b> <ul style="list-style-type: none"><li>➤ Consulting and Recruitment</li></ul>	<b>Mon thru Fri: 9:00 – 5:00</b>
<b>Erika deStefano – <a href="mailto:edestefano@claimlinx.com">edestefano@claimlinx.com</a></b> <b>National Sales Director</b> <ul style="list-style-type: none"><li>➤ New Sales</li><li>➤ Marketing</li><li>➤ Distribution management.</li></ul>	<b>Mon thru Fri: 9:00 – 5:00</b>
<b>Sonia Smith – <a href="mailto:ssmith@claimlinx.com">ssmith@claimlinx.com</a></b> <b>Director Consulting &amp; Client Services</b> <ul style="list-style-type: none"><li>➤ New &amp; Existing Sales</li><li>➤ Account Retention</li><li>➤ Consultant Liaison</li></ul>	<b>Mon thru Fri: 9:00 – 5:00</b>
<b>Cheryl Fannin – <a href="mailto:cfannin@claimlinx.com">cfannin@claimlinx.com</a></b> <b>Assistant Director of Client Services</b> <ul style="list-style-type: none"><li>➤ Eligibility &amp; ID Card Request</li><li>➤ Marketing</li><li>➤ Social Media</li></ul>	<b>Mon thru Fri: 8:00 – 4:00</b>
<b>Nicole Marshall – <a href="mailto:nmarshall@claimlinx.com">nmarshall@claimlinx.com</a></b> <b>Claims Manager</b> <ul style="list-style-type: none"><li>➤ Claims processing (M– Z members)</li><li>➤ Claims Status</li><li>➤ Refunds &amp; Claim Adjustments</li></ul>	<b>Mon thru Fri: 9:00 – 5:00</b>
<b>Connie Johnson – <a href="mailto:cjohnson@claimlinx.com">cjohnson@claimlinx.com</a></b> <b>Claims/Customer Service Specialist</b> <ul style="list-style-type: none"><li>➤ Claims processing (A- L members)</li><li>➤ Claims Status</li></ul>	<b>Mon thru Fri: 9:00 – 5:00</b>
<b>Julie Monsey – <a href="mailto:jmonsey@claimlinx.com">jmonsey@claimlinx.com</a></b> <b>Client Receivables Specialist</b> <ul style="list-style-type: none"><li>➤ Accounts Receivable</li><li>➤ Billing &amp; Deposits</li></ul>	<b>Mon thru Fri: 10:00 – 3:00</b>
<b>Jennifer Reuss – <a href="mailto:jreuss@claimlinx.com">jreuss@claimlinx.com</a></b> <b>Receptionist</b> <ul style="list-style-type: none"><li>➤ Mailing &amp; Fulfillment</li><li>➤ General Clerical &amp; Administrative</li></ul>	<b>Mon/Wed/Fri: 9:00 – 5:00</b>
<b>Renee Vest – <a href="mailto:rvest@claimlinx.com">rvest@claimlinx.com</a></b> <b>Receptionist</b> <ul style="list-style-type: none"><li>➤ Mailing &amp; Fulfillment</li><li>➤ General Clerical &amp; Administrative</li></ul>	<b>Tues/Thurs: 9:00 – 5:00</b>



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**ID Card Request Form**

**NOTE: Please fax or mail to process your request.**

**Today's Date:** \_\_\_\_\_ **# Pages** \_\_\_\_\_  
(include coversheet)

**Company:** \_\_\_\_\_

**Employee Name:** \_\_\_\_\_  
(Please Print Clearly – First Name, MI, Last Name)

**Current Address:** \_\_\_\_\_  
(Street Address)

\_\_\_\_\_

(City, State, Zip Code)

**Relationship - S = Self / SP = Spouse / CH = Child**  
**ID card type: Medical =Employer Funded Medical ID Card / Dental = Employer Funded Dental ID Card**

**Indicate below the Member Name and type of card that you are requesting.**

	<b>Card requested for (Member Name)</b>	<b>Relationship to Employee (Circle)</b>	<b>ID Card Type (Circle)</b>	<b>Quantity</b>
<b>1</b>		S / SP / CH	Medical / Dental	
<b>2</b>		S / SP / CH	Medical / Dental	
<b>3</b>		S / SP / CH	Medical / Dental	
<b>4</b>		S / SP / CH	Medical / Dental	
<b>5</b>		S / SP / CH	Medical / Dental	
<b>6</b>		S / SP / CH	Medical / Dental	
<b>7</b>		S / SP / CH	Medical / Dental	



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**Address Change Form**

**NOTE: Please fax or mail to process your request.**

Today's Date: \_\_\_\_\_ # Pages \_\_\_\_\_  
(include coversheet)

I am a  ClaimLinx Member  Medical Provider (\*\*see below)

Name: \_\_\_\_\_  
(Please Print Clearly – First Name, MI, Last Name)

Location: \_\_\_\_\_  
(Please Print Clearly)

Company: \_\_\_\_\_  
(Please Print Clearly)

New Address: \_\_\_\_\_  
(Street Address)

\_\_\_\_\_  
(City, State, Zip Code)

New Email: \_\_\_\_\_

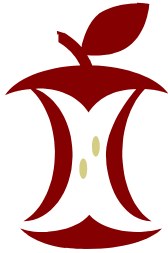
**\*\*If you are a Medical Provider, list below any other persons the address change applies to.**

Additional Medical Provider Name		
First Name	MI	Last Name



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*An apple a day.....*

**The key to getting and keeping good health coverage is to just stay as healthy as you can!**

**Listed below are some sites you can visit to find information on the health issues that are important to you and your family.**

<http://health.yahoo.com/>

[www.cnn.com/HEALTH/](http://www.cnn.com/HEALTH/)

[www.health.discovery.com](http://www.health.discovery.com)

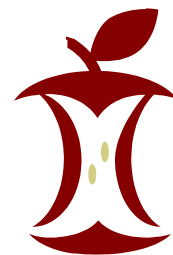
[www.nytimes.com/pages/health](http://www.nytimes.com/pages/health)

[www.webmd.com](http://www.webmd.com)

[www.ivillagehealth.com](http://www.ivillagehealth.com)

[www.menshealth.com](http://www.menshealth.com)

[www.kidshealth.org](http://www.kidshealth.org)



*.....keeps the doctor away!*