

HOW TO SUBMIT A CLAIM

ENROLLED IN INDIVIDUAL & FAMILY PLANS



YOU'LL HAVE A CLAIM FOR EVERY SERVICE OR SUPPLY

Every time you visit a provider or fill a prescription, there is a claim for the service or supply. A claim is like a bill — it's a request for payment for the health care service or supply. For your health plan benefits to apply, we must receive your claim. In most cases, your provider submits the claim to us. However, there are some situations, such as receiving health care somewhere outside of the United States, where you may be responsible for sending the claim to us.

SUBMITTING YOUR CLAIM FOR PAYMENT

To help you determine if you're responsible for submitting the claim, determine the scenario below that best describes how you received the service or supply.

You Visited a Network Provider for a Health Care Service or Supply

You don't need to do anything. Network providers are responsible for submitting your claim to us.



Present your Medica ID card to your provider every time. If you don't identify yourself as a Medica member, the provider may expect full payment upfront.

You Visited an Out-Of-Network Provider for a Health Care Service or Supply

You may be responsible for submitting your claim to us. Check with your provider. If they won't send the claim to us, follow these steps:

1. Visit [medica.com](https://www.medicamn.com) to download a claim form or request a paper copy by calling Customer Service at the number on the back of your Medica ID card.
 - » For medical claims, use the [Medical Claim form](#)
 - » For prescription claims, use the [Prescription Claim form](#)
2. Complete all required information on the form and gather your receipt(s) and/or bill(s) for the service or supply. You must complete and provide all required information in English.
3. Mail the completed form with your receipt(s) and/or bill(s) to Medica within 365 days of receiving the care or supply.

For medical claims:

Medica Claims Department
CW199IFB PO Box 9310
Minneapolis, MN 55440-9310

For prescription claims:

Express Scripts
ATTN: Commercial Claims
PO Box 14711
Lexington, KY 40512-4711



Keep a copy of all claim forms and communications for your records.

You Visited a Provider Outside of the United States for an Emergency Health Care Service or Supply

You're responsible for submitting your claim to us within 365 days of receiving the care or supply. Follow these steps:

1. Visit **medica.com** to download a claim form or request a paper copy by calling Customer Service at the number on the back of your Medica ID card.
 - » For medical claims, use the [Medical Claim form](#)
 - » For prescription claims, use the [Prescription Claim form](#)
2. Complete all required information on the form and gather the following items (all items must be in English):
 - » Itemized claim with the currency exchange rate for the date the services or supplies were received
 - » Medical records related to the claim
 - » Proof you paid the provider for the claim
 - » A copy of your passport and airline ticket
3. Mail the completed form with the above items to Medica.

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Medica Claims Department
CW199IFB PO Box 9310
Minneapolis, MN 55440-9310

For prescription claims:

Express Scripts
ATTN: Commercial Claims
PO Box 14711
Lexington, KY 40512-4711



Keep a copy of all claim forms and communications for your records. If approved, we will pay you directly for the health care service or supply.



Have a question?

Call Customer Service at the number on the back of your Medica ID card.

Medica complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability or sex.

If you want free help translating this information, call the number included in this document or on the back of your Medica ID card.

Si desea asistencia gratuita para traducir esta información, llame al número que figura en este documento o en la parte posterior de su tarjeta de identificación de Medica.

Yog koj xav tau kev pab dawb kom txhais daim ntawv no, hu rau tus xov tooj nyob hauv daim ntawv no los yog nyob nraum qab ntawm koj daim npav Medica ID.

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