

Benefit Facts Article

How to Avoid Claim Delays with your Group Benefit Plan

Every month I receive a number of calls from business owners and employees who are experiencing delays and difficulties with claims that they have submitted. No matter who the insurance company is the reasons for the delays are almost always the same.

The majority of the delays are for health and dental claims, where most of the claims take place, however some delays for life and disability claims sometimes occur too. The following is a list of the main reasons why delays happen:

1. Claim Forms are missing information and are not completed correctly.
2. Claim Forms are submitted without a signature or are signed by someone other than the insured Employee.
3. The original receipts are not submitted with the claim forms.
4. Paramedical credentials are not indicated on the receipts.
5. A Doctor's referral is not provided with insured Paramedical Service claims.
6. The Dentist's office sends the claim form to the wrong insurance company.
7. Dependent Students age 21 - 25 do not provide their school information on their dental claim forms.

By communicating the following information and solutions to your employees you can eliminate most if not all of your firm's claim delays:

1. Suggest to employees to take a few minutes to read their claim forms twice; once before filling out their forms and again while completing them.
2. Confirm with employees that it is they who require to sign their claim forms.
3. & 4. Insurance companies want the original copies of the bills issued by Chiropractors and other paramedical service providers to validate each claim. Original receipts provide the credentials of the service provider. Visa and Bank Card chits will not do.
5. Clinical Dieticians offer a paramedical service that most insurers require a Doctor's referral (prescription), for the first visit and also if there is a six month lapse between appointments. They must be dated prior to the treatment date(s).
6. Participating employees and their spouses are provided with Summary ID Cards and Benefit Booklets. The insuring company and the address where claims require to be sent are on the cards and in the booklets. Be sure that everyone's Dentist is presented with this information.
7. 21 - 25 year old students are considered Over-Age Dependents. There is an area on Dental Claim Forms where they require to provide the name of the College or University they are attending. The student or the insured employee need to remember to include this information on their claim forms.

Why not make this article a communique to your employees? If it helps one person, it's one less time consuming problem to deal with in your future.

Brian D. Bulger
Agent/Broker