

## Medical Expense Reimbursement Plan Claims Procedures

### Medical Claims:

When the insured obtains services from a provider he or she will present their health insurance ID card when they arrive at the provider's office. The provider will enter the insurance information into their records for current and future billing purposes.

The provider should not charge the insured a co-pay or co-insurance at the time of the visit. The Provider is required to submit their charges to their health insurance carrier for approval. The health insurance carrier will then discount any eligible charges according to the provider's contractual agreement with the insurance carrier. After the health insurance carriers' process the claim, the insured will receive an Explanation of Benefit (EOB). This EOB will show the original amount charged and include the insurance carrier's discounted amount, as well any disallowed charges or eligible charges applied towards the insured's deductible.

Upon receipt of the EOB from the health insurance carrier, the insured will need to submit the EOB to Administrative Solutions, Inc. The insured may either mail or fax the EOB **along with a completed reimbursement request form**. Once ASI receives the EOB **and completed reimbursement request form**, a check will be prepared made payable to the provider representing the employer's share. The check will be sent to the provider of services. ASI will forward an ASI EOB to the insured, detailing the amount the insured participant owes to their provider. Upon receipt of the ASI EOB, the insured may either send in payment to their provider for their portion of the bill or wait for their provider to send them an updated billing statement, as the insured is responsible to the provider for paying their portion of the allowable charges.

### Pharmacy Claims:

When obtaining a prescription, the insured must present their health insurance ID card **and** the ASI/ CVS Caremark card to the pharmacy. The pharmacy will proceed to do a split billing by first billing the insured's health insurance carrier as the primary insurance (any claims that are not approved by the health insurance carrier will require written approval from the provider and is to be sent to the insured's health insurance carrier for consideration) and then through CVS Caremark network as the secondary for their consideration. (**Important:** All claims must go through the health insurance carrier first prior to submitting to CVS Caremark for processing). The Pharmacy will charge the insured's co-pay / coinsurance for their prescriptions. Once the insured has satisfied the annual deductible with the insured's health insurance carrier any future claims will need to be processed through the health insurance carrier **only**. Please contact ASI for a list of pharmacies in the insured's geographical area. ***The split billing only applies to pharmacies that are contracted with the CVS Caremark Network. If the insured contracted pharmacy has any problems with the split billing please have the pharmacy contact their corporate headquarters or CVS Caremark to resolve the billing issue. CVS Caremark phone number 1(866) 475-0056.***



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