



EOB Retrieve

ASi is pleased to introduce our EOB (Explanation of Benefits) Retrieve program offered exclusively for ASi members.

The EOB Retrieve program is a voluntary program that allows ASi to retrieve your EOBs from the carrier's website for the sole purpose of processing your claims under the employer's reimbursement plan offered through ASi. By signing up for this service, the majority of your claims will be pulled by ASi for processing. Some claims may not be accessible to ASi due to carrier restrictions.

Please be advised that ASi will attempt to retrieve all claims processed by your primary insurance carrier. At times, claims may be coded as "Private" or otherwise unavailable to ASi. It is important that you monitor your claims and contact ASi if you suspect a claim has not been processed by our office. You will also be required to provide your phone number and an email address so we can contact you with questions or to request additional information. Failure to provide this information may result in claims not being processed.

Once your EOB Retrieve enrollment information has been processed and verified, ASi will contact you via email to notify you that you have been successfully enrolled in the EOB Retrieve program. At this time, ASi will begin pulling your EOBs from your carrier's website and process your EOBs. If you choose not to sign up for the EOB Retrieve program, you will be responsible for sending your EOB to the ASi office for processing.

If you have any questions or need additional information regarding this program, please contact our office at (866)777-1320.

Thank you for allowing ASi to offer this service to you.

VOLUNTARY AUTHORIZATION
TO PARTICPATE IN THE EOB RETRIEVE PROGRAM OFFERED THROUGH ASi

I hereby certify that I am participating in the ASi EOB (Explanation of Benefits) Retrieve program offered exclusively through ASi. By signing this form, I authorize ASi to access my personal account through my primary carrier, to view and download EOBs for the sole purpose of processing claims under the EOB Retrieve program. I further understand that ASi may obtain and view data that could be construed as 'Confidential' or 'Private'. Therefore, I authorize ASi to use its best effort to limit the disclosure of information to the 'minimum necessary' to accomplish the intended goal of the plan.

To participate in the program you must do the following:

- 1) Register you and or your dependent(s) (if applicable) with your primary carrier by visiting their website.
- 2) Provide ASi with your username and password that you will create from your primary carrier's website. Some carriers will require a separate username and password for each covered family member. If so, complete an EOB Retrieve form for each member.
- 3) Return your complete EOB Retrieve form to ASi by any of the following options: If sending by email, please send securely as this may contain personal information.

P.O. Box 5809, Fresno CA 93755 EOBRetrieve@asibenefits.com Fax (866)333-1321

Once your information is processed, ASi will contact you via email informing you that you have been successfully enrolled into the EOB Retrieve program. ASi will then begin pulling processed EOB's by your primary carrier from the day you sign and submit your completed form until your coverage has ended with ASi. For claims to be considered after termination with ASi, you will need to mail EOBs to ASi. If you wish to cancel this EOB Retrieve program, you must notify ASi in writing that you no longer wish to participate. **If you make any changes to your account, you will need to notify ASi of the changes immediately so we can continue to offer the EOB Retrieve services.**

All of the following information needs to be completed in order to enroll in the EOB Retrieve Program:

Check One: New Enrollee Carrier Change Change or Update Information

Employer Name: _____

Member Name: _____

Personal Email Address: _____

Phone Number: _____

Primary Carrier: _____

Check One: Coverage offered through ASi is Primary Secondary (Secondary is if you have other coverage with another carrier. e.g.: spouse's plan)

User Name: _____

Password: _____

I authorize ASi to have access to my protected health information and EOBs in order to assist in the processing of my and my eligible dependent(s) (if applicable) claims. All information will be kept confidential and will not be sold or distributed to any other party.

Signature: _____ Date: _____

Thank you for participating in the EOB Retrieve program. If you have any questions, please call us at (866) 777-1320.