

HOW TO FILE A TRICARE SUPPLEMENT CLAIM

Selman & Company Claims
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Filing your supplement claim will depend on whether or not you have selected a participating or non-participating doctor and whether or not the provider will file your supplement claim for you.

Your supplement plan pays secondary to TRICARE. Therefore, your claims for medical expenses must be submitted to TRICARE for primary processing. After processing your claim, TRICARE will send you (and your provider, if benefits were assigned) an Explanation of Benefits (EOB). The EOB shows the name of the service provider, date of service, billed amount, primary allowed amount, payment amount, amount applied toward deductible, and cost share amount.

To obtain your supplement benefits, a claim should be submitted to Selman & Company either by you or by your medical provider (doctor, lab, hospital, ambulance, etc.). Your claim must include the TRICARE EOB.

FILING THE SUPPLEMENT CLAIM

Claim submissions **MUST** include the following:

- a) a claim form¹ (completed and signed);
- b) a copy of the provider's bill showing the diagnosis, provider's name, address, and Tax ID Number,
- c) a copy of the corresponding TRICARE EOB.

When we receive only the claim form and the itemized bill from either you or the provider, we will acknowledge our receipt of these items and advise you and your provider (if benefits are assigned) that processing of the claim will be delayed pending receipt of the primary EOB.

FILING A CLAIM FOR PRESCRIPTION DRUG EXPENSES

Claims for prescription drug expenses should include the following:

- a) a detailed drug copayment receipt (not the cash register receipt), or
- b) a printout of your prescription copayments from your pharmacy, or
- c) a printout or statement of your prescription charges from TRICARE

Please note that the prescription drug copayment receipt should show the name of the drug, prescribing physician's name, date that the prescription was filled, and the copayment amount.

¹ Claim forms may be downloaded from our website at www.selmantricareresource.com.

FOR PRIME SUPPLEMENT CLAIMS

If you are enrolled in TRICARE Prime, you may submit your completed claim form¹ and copayment receipts for reimbursement. The copayment receipts must include the provider's name, date of service, and copayment amount. When services are obtained under the TRICARE Point of Service (POS) option, the corresponding TRICARE EOB is required.

ALWAYS WRITE YOUR MEMBER IDENTIFICATION NUMBER ON EACH PAGE OF YOUR CLAIM.

The member ID Number is located on your ID card. If you would like claim benefit payments to be made to your provider, please write "pay provider" on the claim.

WHEN THERE IS A DELAY – THE EXPLANATION OF BENEFITS (EOB)

Many claimants mistakenly believe that a request for additional information equates to a claim denial. This is not the case. There is a difference between a claim delay and a claim denial.

How to tell if a claim is *delayed* or *denied*. From the Selman & Company EOB, refer to the "Remarks" column. The code number in the remarks column corresponds to an explanation on the reverse side of the Selman & Company EOB.

A *denial* occurs when a claim is filed and the charges incurred are specifically excluded by the supplemental policy. For example, a supplemental claim will be denied if TRICARE denies it as not being a covered service.

A *delay* occurs when an incomplete claim is filed and additional information is required, whether from the claimant or from the provider of care. For example, a common reason for a delay is the failure to submit the primary EOB. If a claim cannot be processed for this reason, we request the EOB from you or your provider (if benefits were assigned). A request for the primary EOB will be indicated in "Remarks" column of the Selman & Company EOB with language that may state, "Please furnish us with a copy of the Explanation of Benefits for the payment by TRICARE so that we can determine our liability."

We hope this explanation helps you to better understand the claim processing procedure. Please call our toll-free number, 1-800-638-2610, with any questions.

¹ Claim forms may be downloaded from our website at www.selmantricareresource.com.