

# \*\*\*IMPORTANT\*\*\*

## Please Read Carefully to Prevent Unnecessary Delays in the Processing of Your Claim

It is the responsibility of the claimant (injured participant) to submit all itemized provider bills and explanation of benefits to Mutual of Omaha. You must request these items from the medical providers to avoid unnecessary delays in the processing of your claim.

### **If you have primary insurance:**

- All medical bills must first be submitted to your primary insurance carrier as the MDCVSA accident medical policy is excess / secondary coverage.
- Your primary insurance company will automatically issue Explanation of Benefits (EOB). Mutual of Omaha must have the EOB in order to process the claim.
- You must specifically request Itemized Medical Bill(s) from all medical providers. Please note Mutual of Omaha cannot process a claim or pay medical providers from balance due statements / bills.
- Mail any Itemized Bills and Explanation of Benefits (EOB) to: Mutual of Omaha, Attn: Special Risks Services, PO Box 31156, Omaha, NE 68131

### **If you do NOT have primary insurance:**

- You must specifically request Itemized Medical Bill(s) from all medical providers. Please note Mutual of Omaha cannot process a claim or pay medical providers from balance due statements / bills.
- Mail any Itemized Bills and Explanation of Benefits (EOB) to: Mutual of Omaha, Attn: Special Risks Services, PO Box 31156, Omaha, NE 68131

### ***What is an Itemized Medical Provider Bill?***

It is an itemized bill from the medical provider (i.e. hospital, physician) that contains all of the following information:

- Name of the patient who incurred the expenses
- Name, address, and IRS tax identification number of the provider
- Diagnosis code (ICD-9)
- Procedure Codes (CPT-4, HCPCS, ADA or UB-04)
- Date of service and itemized charge for each service rendered

### ***What is an Explanation of Benefit?***

An Explanation of Benefit (commonly referred to as an EOB form) is a statement sent by your primary insurance company to you explaining what medical treatment and/or services were paid by your insurance company. An EOB typically contains:

- The patient's name and the services provided
- The amount charged by the provider
- The amount of the charges that are covered and not covered under your primary insurance plan
- The amount paid to your provider
- The amount you're responsible for

### ***Who Should I Call About My Claim Status?***

Please call Mutual of Omaha at (800) 524-2324