

U65 Policyholder Portal How to Series

Submitting a Claim via Quick Request

What's Quick Request?

Quick Request is a feature within your Policyholder Portal that allows you to submit various requests and documents directly to us.

Please Note: There have been no changes to the process by which providers submit claims.

Steps to submit a claim via Quick Request

1. Login to your Policyholder Portal
2. From the *Main Navigation* menu, select *Quick Request*
3. In the *Policy* section, select the policy for which you are filing a claim
4. For *Request Type*, select *Claims - New Claim*
5. From the *Patient* drop down, select the policyholder you are filing a claim for
6. Select *Click to upload file(s)* to upload applicable document(s)

Important Note

To ensure a smooth claims process, please submit claims with the following rules in mind:

- One policyholder per claim
- Per calendar year
- One claim at a time

7. Select *Submit*

And just like that, your claim submission is complete!

3 Policy: 123456 - ACCIDENT COVERAGE [Active] 123456 - SPECIFIED DISEASE [Active] 123456 - ACCIDENT EXPENSE [Active]
 123456 - OPTIMUM HEALTH SAVER [Active]

4 Request Type: Bank Authorization Claim Inquiry Claims - New Claim General Policy Change Provider Nomination Form
To avoid delay, please select correct request type.

5 Patient: This is a Prescription Claim
Please select a patient you are submitting the claim for.

6 Upload: Click to upload file(s)
or drag & drop your file(s)
Only pdf, png, jpeg, jpg, tiff, gif files, max size of 20 MB, are allowed

Files to upload:	File Name	Size (KB)
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To avoid processing delays, please preview each file and make sure the documents/images are readable.

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What to expect after submission...

- ✓ If we need any additional documentation to process your claim, we will notify you.
- ✓ Once processed, you can view your Explanation of Benefits (EOB) in your Policyholder Portal.
- ✓ We'll mail your claims check for eligible benefits to the address on file.
Please note: If you assigned your benefits to your provider, your claims check for eligible benefits will be mailed to your provider instead.
- ✓ If your claim is not payable, the reason will be listed on your EOB as a remark code. Please review this area as we may not have received all documentation needed for processing.