

### Medica Behavioral Health Member Tips for filling submitting Out-of-Network claims

Submit online at [www.liveandworkwell.com](http://www.liveandworkwell.com) (This is the preferred method)

- Sign in with Health Safe ID from medica.com log-in
- Click on “Claims Center” box (may need to scroll just a little to see it)
- Click on “Submit Claims”
- Click on “Start a new claim”

#### Submit paper form

Paper claim submissions can be mailed to:

Medica Claims  
PO BOX 30755  
Salt Lake City, UT 84130

Call 1-800-848-8327 for assistance

#### REQUIRED FIELDS:

1. Patient’s full name (First and Last as shown on their Member ID Card).
2. Patient’s date of birth.
3. Policyholder’s member ID and Group number.
4. Policyholder’s address.
5. Diagnosis.
6. Date(s) of service for each procedure.
7. Place of Service (office or facility).
8. CPT code (description of services rendered by the Provider—procedure codes received from your provider).
9. Amount Charged (breakdown of charges per day for facilities; or cost of each CPT code for providers).
10. Provider Name & Address (actual provider who rendered the service and address of where the service was rendered).
11. Provider Tax ID or Social Security # and Provider’s license level (MD, PHD, LICSW, MSW, RN, APRN etc.).
12. Provider’s NPI number.

#### Additional Tips:

- If multiple pages are submitted it is important that the member’s information be written on each page in case they become separated.
- Member should keep a copy of all pages sent for their records.
- If member submits a claim online, they should keep their receipts on file in case of future audit. (like filing taxes online)
- Submissions should be put on whole pieces of paper (if receipt is half sheet tape and/or copy onto full sheet of paper).
- Make sure all information is VERY legible as documents are scanned, and then entered from scanned image. If info is illegible attach typed cover sheet or neatly PRINTED (not cursive) cover sheet. Also watch for items too close to the edge of the paper as it may be cut off.