☑ Nursing facility / Assisted Living Facility Initial Claim Checklist

Check off each item as you complete it to help you keep track of your claim submission
(this checklist is for your convenience only and does not need to be returned to us)

To Do: Policyholder

☐ Claim Form Pages 1 and 2: Complete All of the Questions 1-14

☐ Claim form Page 3: "Authorization for use of health-related information"

☐ Claim form Page 4: Complete "Authorization for Disclosure of health-related information," <u>if</u> you would like us to be able to speak to someone other than you about your care. Otherwise, this form does not need to be returned

☐ Direction to Pay Form (Required If Directing Benefit Payments to Provider)

To Do: Other Forms

☐ Nursing Home / Assisted Living Facility License (If Available)

☐ Minimum Data Set (MDS) or Nursing Assessment

☐ Plan of Care or Service Plan (If Available)

☐ Itemized Invoice must be submitted by the policyholder, caregiver or facility for any benefits to be provided by us

☐ Medication List and Physician's Medication Order (if applicable)

IMPORTANT: PLEASE MAKE PHOTOCOPIES OF ALL CLAIMS MATERIALS AND RETAIN FOR YOUR RECORDS!

My Notes:

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_____

☐ Mailed on ____/____/_____ To:

SHIP
P.O. Box 64913
St. Paul, MN 55164

☐ Faxed on ____/____/_____ To:

(952) 983-5256