

## Allen County Schools Health Plan - Claim Assistance Form

**IMPORTANT:** If you have not already contacted customer service (numbers below), please do so prior to submitting this form. Contact with the appropriate customer service department must be done before we can assist you.

Provide all documentation, along with this form to your Treasurer's Office in a sealed envelope.

### General Information

Employee Name: \_\_\_\_\_ Date: \_\_\_\_\_  
 Member ID# or Social Security #: \_\_\_\_\_ Daytime Phone: \_\_\_\_\_  
*Circle One:* MDHP HDHP Dental Prescription Email: \_\_\_\_\_  
                   Medical Medical

Provider Name: \_\_\_\_\_ Patient Name: \_\_\_\_\_  
 Date(s) of Service: \_\_\_\_\_ Claim Number from EOB or Amount of Claim: \_\_\_\_\_

### Recap of Your Conversation with Customer Service

What date and time did you call Customer Service? \_\_\_\_\_  
 Who did you talk to at Customer Service? \_\_\_\_\_  
 Explain Issue and Conversation with Customer Service (*attach separate page if you need more room*):  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**You MUST attach provider billing statements, the Explanation of Benefits (EOB)s from the insurance carrier and any other relevant documentation to this form.**

Number of pages attached: \_\_\_\_\_

Remember to register for My Health Plan on [www.medmutual.com](http://www.medmutual.com) This is where you can view how your claims were paid, access on-line customer service and appeal claim decisions.

Customer Service Numbers:		
Medical Claims - <i>after 7/1/2011</i>	MMO	1 (800) 382-5729
Medical Claims - <i>prior to 7/1/2011</i>	Allied	1 (800) 288-2078
Prescription Drugs - MDHP	ExpressScripts	1 (866) 275-0044
Prescription Drugs - HDHP	Medco	1 (800) 417-1961
Dental	MMO	1 (800) 822-1182

*Please allow 10 business days for resolution*