

How to Receive Payment for Services after Your Request for Benefits Is Approved

Before you receive care, your Care Coordinator must approve the facility, agency, or person who will be providing you with your long term care services. The provider(s) must be included on your plan of care. **We reserve the right to refuse payment for any provider not approved ahead of time by your Care Coordinator.** If something is unclear or you need help, please call us at **1-800-582-3337**.

Complete the Assignment of Benefits Form (if you wish payment to go directly to your provider):

- ▶ If you would like us to send payments directly to a formal provider (e.g. a nursing home, assisted living facility, hospice facility, or visiting nurse agency) complete the Assignment of Benefits Form. You must obtain **prior** approval from your Care Coordinator to have payments sent directly to an informal provider (i.e., an individual who is not employed through an agency). You need to send in only one Assignment of Benefits Form for each provider you assign benefits to.
- ▶ If you do not know your provider's tax ID number, we will obtain it for you. If your services are provided by an individual who is not employed through an agency, please provide their Social Security number and one form of identification, such as a driver's license or state issued ID card as required by the IRS.
- ▶ If you are submitting this claim on behalf of someone else, we must have a copy of the durable power of attorney (POA), conservatorship, or other legal papers authorizing you to act in this capacity. We cannot process the claim without this documentation on file.

Provide us with bills/invoices

- ▶ You must send us the applicable itemized bills, along with an explanation of what services were provided.
- ▶ If we ask for proof of bills paid, you must send us canceled checks or electronic images of canceled checks. **Do not pay for services in cash.**
- ▶ If you are requesting reimbursement for services provided by an informal provider, you must submit a completed Informal Provider Invoice for reimbursement of services. We will give you this form. **Advanced billing is not acceptable.**
- ▶ As shown on the Informal Provider Invoice, you **must** include the following:
 - ▶ Name of insured
 - ▶ Name of provider
 - ▶ Dates and total number of hours that services were provided
 - ▶ Type of service(s) provided (such as bathing, dressing, etc.)
 - ▶ Hourly rate charged for the services
 - ▶ Total charge (number of hours times the hourly rate)
 - ▶ Signatures of both the insured and provider and date signed (must be **after** care is provided)
- ▶ If you are requesting reimbursement for services provided by a formal provider, you or your provider need to submit invoices. Your Care Coordinator may request aide notes or a daily log sheet directly from your home care agency.



The Federal Long Term Care Insurance Program™
P.O. Box 797
Greenland, NH 03840-0797

The Federal Long Term Care Insurance Program is sponsored by the U.S. Office of Personnel Management, offered by John Hancock Life & Health Insurance Company, Boston, MA 02117, and administered by Long Term Care Partners, LLC

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