

# Checklist for Submitting a Claim



**INTERNATIONAL**

*A division of Morgan White Group*

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*Please ensure claims meet the following criteria for submission.*

## **1. Is the claim form legible, complete in its entirety, signed and dated?**

*Reason:* The claim form indicates services rendered, where and by whom services were rendered, and the total cost for each service. It will also detail type of illness/accident and the dates the illness/accident first occurred. The physician must complete the "Treating Physician" portion of the claim form.

## **1. Are medical records related to the claim attached?**

Medical records should include handwritten notes by the physician, surgical reports and diagnostic and/or pathology results where applicable. *Exceptions:* Preventive care visits, pharmacy, dental and vision services.

## **2. Are all receipts attached?**

Receipts should reflect the exact amount paid for all services for which you are seeking reimbursement. They should also reflect the provider's name, Insured's full name, date of service, total charges and a zero balance.

***If you answered 'No' to any of the above, your claim may not be accepted or processing may be delayed.***

## **IMPORTANT REMINDER**

*The policy deductible & plan benefits are applied to all admissible claims and will be applied before any reimbursement is assessed.*

### **Pharmacy**

Receipt for Your Purchase  
THANK YOU  
11/1/2015 1:45pm  
98475632577

OTC	\$14.98
Pharm	\$23.56
Pharm	\$15.97
Gen	\$9.99
Subtotal	\$64.50
TAX	\$5.80
Total	\$70.30