

## **FREQUENTLY ASKED QUESTIONS**

### **1. How do I submit a claim under my policy?**

You must complete and submit a **claim form**, which includes: (1) a patient claim form to be filled out by you, (2) a provider claim form to be filled out by your care provider, and (3) a physician claim form to be filled out by your physician. You can obtain a copy of the claim form on our website at [www.shipltc.com/forms/](http://www.shipltc.com/forms/) or by calling 1-877-450-5824. You will also need to provide **Daily Visit Notes**, an **itemized bill for care**, and **your doctor's signed plan of treatment**. A claims representative may contact you for additional information if necessary.

### **2. Does my home care provider need to be licensed?**

If you are receiving care in California, your home care provider does not need to have a license to provide non-medical care.

### **3. Does my home care provider need to complete Daily Visit Notes?**

Yes, Daily Visit Notes must be filled out by your care provider and signed by both you and your care provider. If you are unable to sign the form, an authorized representative can sign on your behalf. A blank Daily Visit Note form will be provided with your claim form packet. Or, you can obtain a copy of the Daily Visit Note form on our website at [www.shipltc.com/forms/](http://www.shipltc.com/forms/) or by calling 1-877-450-5824.

### **4. What if I already received home care but my provider did not complete Daily Visit Notes?**

If you already received home care but your provider did not complete Daily Visit Notes, we may accept a statement from your care provider for the past care instead of Daily Visit Notes. However, for future care your provider will need to complete Daily Visit Notes. You can obtain a copy of the statement form on our website at [www.shipltc.com/forms/](http://www.shipltc.com/forms/) or by calling 1-877-450-5824.

### **5. Will I need to have a Benefit Eligibility Assessment?**

A Benefit Eligibility Assessment ("BEA") is a visit by a nurse in your home to assess your needs. We may require a BEA to confirm eligibility for benefits. If we determine a BEA is necessary, we will contact you to schedule the assessment at your convenience at your home. The need for a BEA will not delay your eligibility for benefits.

### **6. Who can I contact if I have questions about the claims process?**

If you have any questions about the claims process, please call our customer service representatives at 1-877-450-5824. All such calls will be handled by a person knowledgeable of your claim and dealt with in a reasonable time frame.

## **7. Is there an appeal process if my claim is denied or rejected?**

If you believe that your claim has been wrongfully denied or rejected, you are entitled to a review of that determination conducted by long term care professionals not involved in your original benefit eligibility determination. We will be glad to consider any new or additional facts regarding your benefit eligibility determination. Please refer to your original benefit eligibility determination letter for specific instructions. All communication should be made in writing to our [customer service](#) department.