# Filing MEDlink® Series Insurance Claims

Instructions for the Insured

# 3 Easy Ways to File a Claim!

## 1. Present your ID card to the Provider

- Simply present your ID card to your medical provider so they may file your claim and accept the assignment of benefits.
- If your medical provider is unable to accept assignment of benefits, you may file a claim directly with APL.

Submit claims to:

American Public Life Phone 1-800-256-8606
P.O. Box 248950 1-877-365-9423
Oklahoma City, OK 73124-8950 www.ampublic.com
Please use In-Hospital Benefit Cert Number when



Insured: JOHN SMITH Coverage: INDIVIDUAL Policy/Cert. #: 1122334 Group #: 21212 Effective Date: 3/1/2016

Plan: MEDLINK W/BENEFIT ASSIGNMENT

### 2. File a Claim Online

- Register or log in to APL's Online Service Center (OSC) at secured.ampublic.com
- Go to My Claims, click "Start Now" and follow the three easy steps to upload your claim.

# 3. Submit a Claim by Mail or Fax

Mail
APL Claims
P.O. Box 248950
Oklahoma City, OK 73124-8950

<u>Fax</u> 877.365.9423

#### Documents to File a Claim

- Find claim forms on ampublic.com under "Claims & Forms." Select MEDlink® from the list of products, then click "download."
- Using the MEDlink® claim form (Form C101), complete the section entitled "Claimant's Statement." Please be sure to sign and date in the blanks provided at the bottom of the form.
- Include the Explanations of Benefits from your primary insurance carrier
- For in-hospital and outpatient hospital claims, please include a uniform itemized hospital bill from your provider (Form UB-04)
- For treatment in a physician's office, please include the physician's itemized statement of services from your provider (Form CMS-1500)

### **Questions?**

## We're Here to Help!

Call 800.256.8606, option 2 today!

AMERICAN PUBLIC LIFE

Expanding the Benefits Horizon®

Underwritten by American Public Life Insurance Company. This product may have limitations and exclusions. This product is inappropriate for people who are eligible for Medicaid coverage.