

## **Claim Problem Reporting Guidelines for the Medicare Supplement Plan**

**What to do when you receive an invoice from a doctor's office, hospital or other healthcare provider:**

Check the date of service (DOS) – What date did you see the doctor?  
What date were you released from the hospital?

- **If the invoice date is fewer than 90 days from the DOS**, put the invoice aside and wait to see if you receive a second invoice from the same provider for the same DOS. *(The provider needs to send the bill to Medicare. Then Medicare can take 4-6 weeks to process a claim, and HealthScope can take an additional 4-6 weeks to pay the claim.)*
  
- If the invoice date is more than 90 days from the DOS, find your HealthScope Benefits card and
  - Call the number on the back: 1-800-398-6415
  - Press 2
  - Press 1
  - Tell them you need to check on a “claim status”
  - Give them your Member ID # which is on the front of your card
  - Give them the name of the Patient
  - Give them the Date of ServiceHealthScope will tell you if the claim has not been received, is still being processed, or is paid.
  
- If you have called HealthScope and still need assistance, try to find your Medicare Summary Notice (MSN) that shows the claim in question. (MSNs are mailed about every 3 months and are also available online through [www.medicare.gov](http://www.medicare.gov) )
  - Make a copy of the entire MSN **AND** the entire invoice. Mail to Robin Coats Gauss at United Methodist Center, PO Box 19207, Springfield, IL 62794-9207 or scan and email to [rcoatsgauss@igrc.org](mailto:rcoatsgauss@igrc.org) or fax to 217-529-4107.
  - If you can't find the MSN, mail the entire invoice.

**In order for me to assist you with Medicare Supplement claims as expeditiously as possible, I must have the following information:**

1. Name of the Employee
2. Name of the Patient
3. Date of Service (DOS) – What date(s) did patient see the doctor, have the test taken, released from the hospital, etc.
4. Total Amount of Bill – What is the total amount before Medicare paid or any other payments/deductibles/discounts were made.
5. Name of provider (e.g., doctor, clinic, hospital, etc.) and address
6. Phone number of billing department/company for provider (This is usually a third-party billing company and NOT the provider.)
7. Patient account number
8. Patient's email address (my preference!) and/or daytime phone number

**I cannot assist you with problems related to your prescription drug plan (PDP). You must contact your PDP directly.**

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Robin Coats Gauss • Human Resource & Health Benefits Administrator  
P.O. Box 19207 • Springfield, IL 62794-9207  
[rcoatsgauss@igrc.org](mailto:rcoatsgauss@igrc.org) • 217-529-2308 • fax 529-4107