



BeniComp® Select

An Insured Medical Reimbursement Product for Key Employees

Medical Reimbursement Claim Submissions

Claim submission frequency

Medical Reimbursement claims can be submitted for reimbursement as frequently as monthly at: www.benicompselect.com/claims

Plan booklet needed

In order to determine covered benefits under your medical reimbursement Expense account we need to maintain a current primary summary plan booklet on file at all times. If we do not have current plan booklets on file for you, please forward to my attention as soon as possible (This was submitted by the company).

The following information will be **required** when submitting claims for reimbursement:

- An Individual Claim Form is required for each family member.
- Explanation of benefits (EOB) from the primary plan, including reason(s) for denials.
- Itemized statements are required for services not covered by the primary plan.
- Superbills or physician receipts are acceptable for co-payment amounts provided they include patient name, date of service and co-payment amount.

Prescription drug receipts must include patient name, name of prescription, date prescription filled and co-payment amount if applicable.

All submissions, including photocopies, must be legible and include:

- Patient name
- Date of service
- Type of service
- Dollar amount

Benefits **CANNOT** be determined from the following:

- Balance forward/due statements
- Charge card receipts
- Cancelled checks
- Pharmacy receipts

Your compliance to the above procedures will allow us to provide you more timely reimbursements.

Should you have any questions regarding claim submissions, please call us at 866-797-3343.