

Welcome

To Your Health Spending Account



HOW IT WORKS

This benefit is not insurance but a spending account that reimburses you for eligible expenses. This means you pay for the expenses first, and then submit receipts to us, and we process them on behalf of your company.



DO YOU HAVE EXISTING INSURANCE?

If your company or spouse has a traditional health and dental insurance plan in place, then this health spending account benefit acts as last payor.* The spending account reimburses portions insurance didn't pay, or provides extra coverage once those plan maximums/limits have been reached.

If you haven't logged in or set up a password to your National HealthClaim Account, you can do that two ways. Either download our mobile app ClaimSnap or visit www.nationalhealthclaim.com to log in.

Instructional Link: [Set up a Password](#)



MOBILE CLAIMING

- ✓ ClaimSnap, our mobile app, allows you to submit receipts by taking a picture on your Smart device. Take a separate photo of each receipt (avoid grouping receipts), and take as many photos as needed to support your claim.
- ✓ Download the app: For iOS (iPhone, iPad): Go to the Apple App Store and search "ClaimSnap." For Android: Go to the Google Play Store and search "ClaimSnap"

Or, simply click the relevant icon below on your smartphone device:



- ✓ This is the easiest way to make a claim. If you don't wish to use the mobile app, claims can also be uploaded online.

Instructional Links: [Mobile Claims](#) [Online Claims](#) [Explanation of Benefits Explained](#)

*this information comes from the Guideline G4 COORDINATION OF BENEFITS-GROUP HEALTH AND DENTAL. This Guideline has been approved by the Board of Directors of the Canadian Life and Health Insurance Association Inc. (CLHIA) and is the industry standard.

What To Check Before Submitting Your HSA Receipts



The Service Date

Each receipt must show the Treatment or Service date, the Authorized Medical Practitioner that is providing the treatment, Patient name and Total cost.

We cannot reimburse from a payment date, only the date of the Treatment or Service. A till tape does not provide any of the information we require.

If you have Insurance coverage you must send us the EOB document from your carrier (see Insurance check).



Insurance

If you have other coverage it is important that you submit your expenses to all insurance plans first, including spousal and HSA plans. NHC is the last payor.

This is to ensure you maximize your HSA dollars and can use them for more health care expenses.

For more information on this, and what documentation is important if you have other coverage, refer to page #3 of this handbook.



Ortho

This tip is for orthodontic claims:

An Orthodontic Treatment Plan is a document that outlines your initial deposit and a payment structure. Often monthly instalments are the method selected.

We need this Orthodontic Treatment Plan to be included with your first submission.

Furthermore, we need you to follow this plan when submitting to us. We cannot reimburse lump sums that do not match your Treatment Plan. If you are on monthly payments, we can only reimburse you on a monthly basis so make sure you submit those payment receipts as you go.

Additionally, if you have insurance coverage that is paying a portion of your orthodontic expense please refer to page #3 of this handbook because we need the Explanation of Benefits to be included in your submission.



INSURANCE EXPLANATION - EXPANDED

How to get reimbursed if you have other coverage?



HOW IT WORKS

To maximize your reimbursements, always submit eligible expenses to your other Insurance providers first. Coordination of Benefits is the submission of all expenses to Primary insurance, Secondary insurance (spousal coverage), any Insurance HSA, and then to National HealthClaim for any remaining unpaid portions.



CHECKLIST

An Explanation of Benefits document shows:

- ✓ Patient Name
- ✓ Treatment/Service date
- ✓ Treatment/Service provided
- ✓ Total cost of service
- ✓ Total amount paid by the insurance provider
- ✓ Insurance provider's messaging (this is imperative because it tells us why they paid the amount they did).



WHAT TO SUBMIT FOR YOUR CLAIM

Anytime there is insurance you have to submit all Explanation of Benefits (EOB) to National HealthClaim.

This document is produced by your insurance and shows their payment towards each treatment date (even if it is 0) and their applicable notes for each expense. If you do not have your copy, contact your insurance directly to obtain it. Please note, online printout copies are acceptable. Summary documents are not acceptable.

We cannot reimburse from an invoice that simply shows the insurance paid a portion. You need to send the EOB.



HELP LINKS

[Explanation of Benefits Explained](#)

Exception to the rule: If an expense is not eligible under an insurance provider, there is no need to submit it to them only to get a rejection. However, we do need to know it is not an eligible expense and why.

You can simply add a note to your claim submission that says "Expense not eligible with X-insurance" or "Maximum reached Jun 20, 2018 with X-insurance." We need some kind of clarification as to why it was not submitted to the insurance provider. This becomes your disclaimer that you have not/will not submit to any other insurance provider for additional reimbursement.

If you have questions about your benefits or need help accessing your account: email support@nationalhealthclaim.com or call toll free 1 (866) 342 5908.