

# Self-File Your Medical Claim Checklist

Use this checklist when you pay a provider directly and plan to submit the claim to your health insurance company yourself.

## 1. Before Your Appointment: Check Your Insurance Benefits

- Call the member services number on the back of your insurance card.
- Ask whether your plan has out-of-network benefits.
- Confirm that the type of service you are receiving is covered.
- Ask whether prior authorization, pre-certification, or a referral is required.
- Ask whether you have a separate out-of-network deductible.
- Ask what percentage of the allowed amount the plan pays after the deductible is met.
- Ask how the insurance company determines the allowed amount for out-of-network services.
- Ask whether reimbursement will be sent to you or directly to the provider.
- Ask for the deadline to submit the claim.
- Write down the date, representative's name, and call reference number.

## 2. Ask the Provider for the Right Documentation

- Request a superbill or detailed itemized statement.
- Make sure it includes the patient's full name and date of birth.
- Confirm that each date of service is listed.
- Confirm that the provider's name, credentials, and address are listed.
- Look for the provider's National Provider Identifier (NPI), when applicable.
- Make sure diagnosis code(s) are included.
- Make sure procedure or service code(s) are included.
- Confirm that the charge for each service is listed.
- Get a receipt or other proof showing how much you paid.
- Ask whether the provider will supply medical records if the insurance company requests them.

## 3. Get and Complete the Correct Claim Form

- Download the correct member medical claim or out-of-network claim form from your insurer.
- Confirm that the form is for your specific insurance plan.
- Complete all patient and subscriber information.
- Enter your member identification number exactly as it appears on your insurance card.
- Complete all provider and service information requested.
- Answer questions about other insurance, accidents, or work-related injuries, if applicable.
- Review the form for missing information before submitting it.

## 4. Attach Everything the Insurance Company Needs

- Completed member claim form.
- Superbill or detailed itemized statement.
- Receipt or proof of payment.
- Referral or authorization information, if required.
- Medical records, if requested.
- Any other documentation required by your specific plan.

## 5. Submit and Save Proof

- Submit the claim through the member portal, app, secure upload, fax, or mail, as instructed.
- If mailing the claim, consider using a method that provides tracking or proof of delivery.
- Keep a complete copy of everything you submit.
- Save upload confirmations, fax confirmations, or mailing receipts.
- Record the date you submitted the claim.

## 6. Track the Claim and Review the EOB

- Check your member portal to confirm the claim was received.
- Follow up if the claim does not appear within a reasonable amount of time.
- Review the Explanation of Benefits (EOB) carefully.
- Check the amount billed, allowed amount, deductible, coinsurance, and payment.
- Remember that reimbursement may be based on the insurer's allowed amount—not the amount you paid.
- If denied, read the denial reason and ask exactly what is needed to correct or appeal the claim.
- Do not miss the deadline to submit additional information or file an appeal.

## My Claim Tracking Information

Provider:	_____
Date(s) of Service:	_____
Amount Paid:	_____
Claim Submitted:	_____
Submission Method:	_____
Confirmation / Tracking #:	_____
Insurance Claim #:	_____
Follow-Up Date:	_____

**Important:** Submitting a claim does not guarantee reimbursement. Coverage, out-of-network benefits, allowed amounts, filing deadlines, and documentation requirements vary by plan. Always verify your specific benefits with your insurance company before receiving expensive care.

For educational purposes only. This checklist is not legal, medical, or insurance advice.