

Claim Submission Instructions



How to Submit a Claim

For fastest results, we encourage you to submit your claim online through www.connectyourcare.com

Online Claim Submission

1. Log in at www.connectyourcare.com.
2. Go to the Claim Center and select “Add new claim” from the left-hand menu. Enter the requested information about your claim and continue through the screens to create the Claim Submission Form for that particular claim.
3. Print the Claim Submission Form and fax it, along with the required receipts and other documentation, to the ConnectYourCare claim department at 866-879-0812.

The screenshot shows a 'Claim Submission Form' with the following details:

Fax to:	866.866.0812	Date Filed:	05/07/2004
Fax #:	179	Claim #:	1432

Instructions on the form include:

- 1. Copy receipt(s) accurately with the charges as the form below. If receipt(s) do not fit in the space below then attach receipt(s) as separate sheet(s). A valid receipt can be an Explanation of Benefits (EOB) from your insurance company or an invoice statement from your service provider. The provider's statement must include the patient's name, description of service, date of service and amount charged. Careful checks and credit card receipts are not acceptable. Exceptions and cover the counter drug claims require a statement from the pharmacy that includes the drug name and pharmacy receipt.
- 2. Fax to 866.866.0812 and use this page as the cover page.
- 3. You will receive an e-mail confirming successful receipt of the fax. In addition less than 24 hours after the completed fax is sent, you will be able to view the documents on-line.

ConnectYourCare will use the proprietary barcode above to search this page with the claim submitted on-line.
Questions? Call 877.237.0623 or visit www.connectyourcare.com.

Thank you,
ConnectYourCare Claims Department

Receipts:

Paper Claim Submission

1. If you are unable to access the internet, **complete the claim form on the back of this page.**
2. Fax it with receipts and other documentation to (866) 879-0812. After you fax your claim and supporting documentation, you do not need to follow up with a hard copy in the mail. Remember to keep the original claim form and supporting documents for your records.
3. If you choose to mail your claim form and documentation, the address is:
ConnectYourCare, LLC
ATTN: Claims Department
307 International Circle, Suite 200
Hunt Valley, Maryland 21030

For more information, call ConnectYourCare at (877) 292-4040. Our Interactive Voice Response (IVR) system and Customer Service Specialists are available 24/7.

Claim Submission Form



Use this form to file for reimbursement of expenses paid out of pocket that were not already submitted online. For fastest reimbursement, submit your claims online at

Follow these easy steps:

1. Complete all entries on this submission form. Please print or type.
2. Sign and date this form.
3. Fax or mail it, along with the required documentation, to the claims department. (See submission instructions below)

Personal Information

Name of Employer	
Employee Name (last name, first name)	Social Security Number

Documentation Required

All documentation must include the patient's name, description of service, date of service and amount charged. Cancelled checks, credit card receipts or balance forward statements are not acceptable. Examples of acceptable documentation include a copy of the Explanation of Benefits (EOB) from your insurance company, an itemized statement from a provider and/or an itemized pharmacy receipt or statement (if applicable to your plan).

Claim Details

Date of service	Patient's Name	Relationship to employee	Name of service provider	Description of service	Amount Requested
Total					\$

Authorization and Certification

Read carefully: This claim will not be processed without your signature.

I certify that these expenses have been incurred by me, my spouse or my eligible dependent. The expenses have not been reimbursed and are not reimbursable under any other plan, such as an individual policy or my spouse's or dependent's plan. I understand that any amount reimbursed may not be used to claim any federal income tax deduction or credit on my or my spouse's income tax return. I further certify that dependent care expenses were incurred for the purpose of allowing me (and my spouse, if applicable) to be gainfully employed.

Dependent care expenses qualify if they are for the care of my children under age 13 or my other dependents who are physically or mentally incapable of caring for themselves and include anyone I claim on my Federal Income Tax return as a qualified IRS dependent. I certify these expenses were incurred so that I (and my spouse, if married) can work, look for work or so that my spouse can attend school full-time.

Employee Signature Date

Submission Instructions

Fax to (866) 879-0812 or mail to: ConnectYourCare, LLC
 ATTN: Claims Department
 307 International Circle, Suite 200
 Hunt Valley, MD 21030

If you have any questions about submitting a claim, please call **Customer Service at 877-292-4040**