

EMPLOYEE BENEFITS CLAIMS FILING WELLNESS & TRANSCONNECT



File Wellness Claims Quick and Easy

Transamerica's claim filing process for cancer, critical illness and accident wellness benefits is a snap. Insureds can submit claims for cancer, critical illness and accident wellness benefits by phone or fax. No complicated, state-specific forms to fill out. Once the proper documentation is received, the insured should receive the claim check in 5-10 business days.

File a Wellness Claim by Phone

Contact the Transamerica Claims Customer Service Department at (800) 251-7254 and press 2.

Give the phone representative the following information:

- + Insured's name/ policy number
- + Covered person's name, date of birth and relationship to insured
- + Name of test/ procedure
- + Date of test/ procedure
- + Provider's name, address, and phone number

File a Wellness Claim by Fax

Fax directly to the Claims Department at (866) 586-6528.

Document must include:

- + Insured's name and policy number
- + Covered person's name, date of birth and relationship to insured
- + Name of test/ procedure
- + Provider's billing statement, which includes the test/ procedure and the date it was performed

QUESTIONS ABOUT WELLNESS CLAIMS

Call the Claims Customer Service Department at (800) 251-7254 and press 2.

FOR TRANSCHOICE® WELLNESS CLAIMS

Complete the TransChoice® claim form and mail or fax as instructed on the form.

TransConnect Claims

After enrollment, each enrollee is mailed a “Welcome Package,” which includes the Certificate of Coverage and Connect ID Card. ID Cards will be used at the time of service and contain a Payer ID required to process electronic claims.

How to Assign Benefits for TransConnect Claims

- + Employee gives provider ID card and signs assignment form
- + Provider submits claim to TEB

ASSIGNMENT OF BENEFITS WORKFLOW

Member gives provider a copy of Connect ID Card at time of service.



Claim filed by provider to TEB using EDI number on Connect ID Card.

A claim may also be filed via paper or fax to the address or fax number on the TransConnect ID Card.

Provider is paid for all assigned claims.



If the primary carrier's EOB/payment info does not accompany the claim, the claim will be held until it is received. If EOB is not received after one month letters are sent to provider and member to request it.

Missing documents may be mailed or faxed.



Claim is processed for payment and provider is paid.

Provider Submits Claim Electronically

- + If the primary carrier's EOB/payee information does not accompany the claim submission, a request for it will be sent to provider and insured
- + Eligible payment will be made to the provider once EOB and claim are matched

Provider Submits Claim via Paper or Fax

Claim forms without primary carrier's Explanation of Benefits

- + If the primary carrier's EOB/payment info does not accompany the claim, a request for it will be sent to provider and insured
- + EOB can be mailed or faxed
- + Eligible payment will be made to provider upon receipt of EOB

Claim forms with primary carrier's Explanation of Benefits

- + Eligible payment will be made to provider

Submit Non-Assigned Claims

If a member submits a claim containing an itemized bill with procedure, diagnosis code and an EOB from the primary carrier, the claim will be considered non-assigned and the member is paid.

If a member submits a non-assigned claim dated after the provider submitted a claim, the member is paid.

Member will be responsible for paying the provider if claim is not assigned.

Transamerica Employee Benefits

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