

Guideline: Health Plans Enrollee Claim Submission - Individual Product

Principles:

Health Plans - Individual Product

Purpose:

It is the policy of University of Utah Health Plans to allow enrollee claim submissions.

Description:

An enrollee claim submission is when an enrollee, instead of a provider, submits a claim to University of Utah Health Plans requesting payment for services that have been received.

Enrollees may submit a claim form for reimbursement. The claim form is located on our website at [Individual and Family Plans - Claims, Appeals & Forms | University of Utah Health Plans | University of Utah Health Plans](#). Fill out the form completely and legibly. If there is information on the claim form that is missing or not legible, the claim form is returned to the enrollee for correction.

- A. The claim is processed in accordance with the enrollee's benefits and coverage policy. Only covered and eligible services will be reimbursed. It must be submitted within 365 days from the date of service to be eligible for reimbursement.
- B. Attach any bills and supporting documentation to the claim form, including proof of payment.
- C. Include your member identification number
- D. Mail, Email or fax to:
 - 1. University of Utah Health Plans - P.O. Box 45180, Salt Lake City, UT 84145
 - 2. MemberReimbursement@umail.utah.edu
 - 3. Attn: Enrollee Claim Submission Dept., fax # 801-281-6121
- E. For additional information, please call customer service at 801-213-4111 Monday through Friday 8am - 6pm.

Owner:

REBEKAH HARKNESS

Liaison:

TORI POULSEN

Approval Body:

Health Plans Operations Director

Current Approval Date:

Tue May 02 2023

Current Revision Date:

Fri Jan 01 2016

Origin Date:

Fri Jan 01 2016

Please Note:

This printed copy is not a controlled document and is only to be used as a reference. Refer to the most up to date version on Pulse at: <https://Pulse.utah.edu>

This policy is considered out of date after Sat May 18 2024 which is 30 days from print date below.

Print Date: Thu Apr 18 2024