

Filing MEDlink® Series Policy Claims

Instructions for the Insured

Two Easy Ways to File a Claim!

1. Present your ID card to the Provider

- Simply present your ID card to your medical provider so they may file your claim and accept the assignment of benefits.
- If your medical provider is unable to accept assignment of benefits, you may file a claim directly with APL.

2. Submit a claim to APL

- Find claim forms on ampublic.com under “Claims & Forms.” Select MEDlink® from the list of products, then click “download.”
- Using the MEDlink® claim form (Form C101), complete the section entitled “Claimant’s Statement.” Please be sure to sign and date in the blanks provided at the bottom of the form.
- Include the Explanations of Benefits from your primary insurance carrier
- For in-hospital and outpatient hospital claims, please include a uniform itemized hospital bill from your provider (Form UB-04)
- For treatment in a physician’s office, please include the physician’s itemized statement of services from your provider (Form CMS-1500)

Submit claims to:

American Public Life Phone 1-800-256-8606
PO Box 925 Fax 1-877-365-9423
Jackson MS 39205-0925 www.ampublic.com

Please use In-Hospital Benefit Cert Number when



Insured: **JOHN SMITH**
Coverage: **INDIVIDUAL**
Policy/Cert. #: **1122334**
Group #: **21212**
Effective Date: **3/1/2016**
Plan: **MEDLINK W/BENEFIT ASSIGNMENT**

Submit Your Claim

Claims may be submitted to us by fax at 877.365.9423 or by mail to:

APL Claims
P.O. Box 925
Jackson, MS 39205-0925

Need assistance?

Call 800.256.8606, option 2.
We’re happy to help!

If the provider is unable to accept assignment of benefits, please obtain a walk out statement (Form CMS-1500) or an itemized hospital bill (Form UB-04) so that you can file your claim with APL. In order for APL to consider benefits, the itemized bill or walkout statement must list the claimant’s name, date of service, charge, procedure code, diagnosis code, name and NPI number of the attending physician.

Underwritten by American Public Life Insurance Company. This product may have limitations and exclusions. **This product is inappropriate for people who are eligible for Medicaid coverage.**



Filing MEDlink® Series Policy Claims

Instructions for the Provider

As a healthcare service provider for APL's insured customer, you are an important customer to us. We are here to assist you in getting the information you need to provide service to your patient, our customer.

Assignment of Benefits

APL accepts assignment of benefits. Claims submitted with an assignment of benefits will allow any payable benefits to be made directly to the Provider of Services. Ask your patient for a copy of his/her ID card.

Confirm Coverage

To confirm coverage, simply call APL at 800.256.8606, option 2, from 8 a.m. to 7 p.m. EST to speak with a claims customer service representative.

File a Claim

- The Explanations of Benefits from the primary insurance carrier must be submitted.
- A uniform itemized hospital bill (Form UB-04) must be submitted for inpatient and outpatient hospital claims.
- The physician's itemized statement of services rendered must accompany the claim form when filing for treatment in a physician's office (Form CMS-1500).

Submit Your Claim

Claims may be submitted to us by fax at 877.365.9423 or by mail to:

APL Claims
P.O. Box 925
Jackson, MS 39205-0925

Need assistance?

Call 800.256.8606, option 2.
We're happy to help!

Unable to Accept Assignment of Benefits

If you are unable to accept assignment of benefits, please provide the patient with a walk out statement (Form CMS-1500) or a uniform itemized hospital bill (Form UB-04) so that the patient can file the claim with APL and receive his/her benefit. To file the claim, the patient needs a statement providing the name and NPI number of the attending physician, the name of the patient, the date of service, the procedure and diagnosis codes, and the charge.

Submit claims to:
American Public Life Phone 1-800-256-8606
PO Box 925 Fax 1-877-365-9423
Jackson MS 39205-0925 www.ampublic.com
Please use In-Hospital Benefit Cert Number when



Insured: **JOHN SMITH**
Coverage: **INDIVIDUAL**
Policy/Cert. #: **1122334**
Group #: **21212**
Effective Date: **3/1/2016**
Plan: **MEDLINK W/BENEFIT ASSIGNMENT**

patient Benefit
benefits
and may
is no pre-
s card by the
in effect.
AN.

Underwritten by American Public Life Insurance Company. This product may have limitations and exclusions.
This product is inappropriate for people who are eligible for Medicaid coverage.

