

How to File MEDlink® Series Insurance Claims

Instructions for the Insured

Using Your ID Card

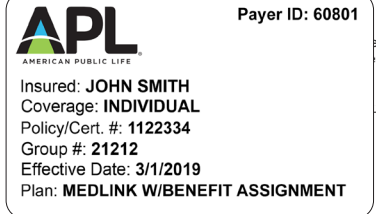
Always present your ID card, in conjunction with your major medical ID card, to your medical provider so they may file your claim and accept the assignment of benefits.

Need your ID card? Register or log in to the Online Service Center (OSC) at secured.ampublic.com to download and print ID cards, file claims and more.

All claims should be submitted to:

American Public Life Phone: 1-800-256-8606
PO Box 248950 Fax: 1-877-365-9423
Oklahoma City, OK 73124-8950 www.ampublic.com

To check claim status or view EOBs register at:



The image shows a mockup of an American Public Life (APL) ID card. It features the APL logo at the top left, which consists of a stylized 'A' with a green and blue triangle above it. To the right of the logo is the text 'Payer ID: 60801'. Below the logo, the cardholder's information is listed: 'Insured: JOHN SMITH', 'Coverage: INDIVIDUAL', 'Policy/Cert. #: 1122334', 'Group #: 21212', 'Effective Date: 3/1/2019', and 'Plan: MEDLINK W/BENEFIT ASSIGNMENT'. The card is shown as a white rectangular object with rounded corners, slightly overlapping another one behind it.

Filing a Claim Manually

1 Online
Register or log in to secured.ampublic.com and go to My Claims

2 Mail
APL Claims
P.O. Box 248950
Oklahoma City, OK 73124-8950

3 Fax
877.365.9423

Documents to File a Claim

Find claim forms on ampublic.com under “Claims & Forms.” Select the MEDlink® form from the list of products, then click “download.”

- ◆ Complete the Statement of Insured (Sections A through B) as applicable to your claim.
- ◆ Completing Section D is not required; however, completing this section will reduce delays in processing should we need to request additional information regarding your claim.

The following documents must accompany the completed Statement of Insured for benefit consideration:

- ◆ An itemized bill with diagnosis from the provider
- ◆ The explanation of benefits (EOB) from the primary insurance carrier showing the amounts, if any, applied toward the deductibles, copayments and/or coinsurances for the charges listed on the itemized bill.
- ◆ Your signature is required for benefit consideration.

Claim form not required if filing claim via the Online Service Center

Documentation must be submitted for benefit consideration

Questions?
We're Here to Help!

Call 800-256-8606, option 2 today!

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 Insurance 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 their ID card.

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 their 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.

Confirm Coverage

To confirm coverage, simply call APL at 800.256.8606, option 2, from 7 a.m. to 6 p.m. CST to speak with a claims representative.

3 Easy Ways to File a Claim

1 | Online
Register or log in to secured.ampublic.com and click the green 'Start Here' button

2 | Mail
APL Claims
P.O. Box 248950
Oklahoma City, OK 73124-8950

3 | Fax
877.365.9423

Documents to 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).

Questions?

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APL
AMERICAN PUBLIC LIFE
Insured: **JOHN SMITH**
Coverage: **INDIVIDUAL**
Policy/Cert. #: **1122334**
Group #: **21212**
Effective Date: **3/1/2019**
Plan: **MEDLINK W/BENEFIT ASSIGNMENT**

Payer ID: 60801

at:
#/login
not guarantee
claim inquiries,

