

Understanding the Claims Process

Access care with ease and confidence.

Carrier vs. Network

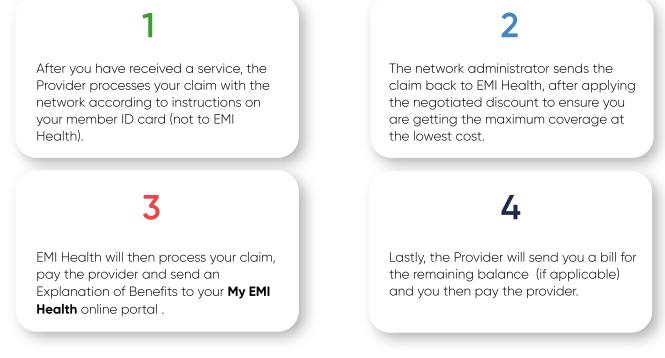
EMI Health is currently your insurance carrier. We pay your claims, manage your plan, and coordinate your benefits. It's important to remember that we are the main point of contact for eligibility, pre-authorizations, and all other benefit questions. In addition to providing insurance services, we lease provider networks to give you substantial discounts on your medical services and give you the convenience of having in-network provider options wherever you are in the country.

Some of the provider networks we lease are Aetna, Blue Cross Blue Shield, Cigna, or First Health. It will vary depending on what state you are in and your plan. Please check your ID card for your in-state network information and note it may be a different than the out-of-state network. Your ID card also includes a section for your provider indicating how and where to submit claims.

It's important that your claims get submitted to the correct network and that your provider uses the correct claim address (found on your ID card) to ensure you're getting that special rate and the best savings.

The Claims Process: Step by Step

It's always important to search for in-network providers and to present your Member ID card upon arrival at a provider's office. The provider will first contact EMI Health to verify coverage and/or obtain pre-authorization. Please note that coverage and procedures may vary based on your specific insurance plan and network. Here's what happens next:



It's that simple!

Questions? Please call customer service 1 (800) 662-5851