



# How to File a Claim for your Dental, Vision and Hearing Policy

## Vision

### **PURCHASES AND VISION EXAMS AT A RETAIL STORE**

Most vision care (exams, eyeglasses, frames, lenses, and contacts) are purchased at retail locations, such as Pearl, EyeMed, Lenscrafters, Costco, Walmart and independent retailers. Most of these locations require you to pay at the cash register, requiring you to file the claim yourself.

### **PURCHASES MADE FROM AN ONLINE STORE**

Sometimes vision care (eyeglasses, frames, lenses, and contacts) are purchased from online stores, such as 1800contacts.com, coastal.com, or lens.com. If you purchase online you will need to print out the itemized paid receipt provided by the retailer.

### **CLAIM FILING**

We accept the HCFA 1500 (Health Care Financial Administration) standardized health insurance claim form or the Vision Claim Form at [www.gomedico.com](http://www.gomedico.com).

Your policy/certificate will consider charges for *basic* eye exams, refractions, eyeglasses and contact lenses.

In the information section of the form, you or your physician must fill in the following information.

- Insured's full name and address
- Insured's ID Number
- The name and date of birth of the insured receiving the vision services

### **IF YOUR VISION CARE PROVIDER FILES THE CLAIM FOR YOU**

Many ophthalmologists and optometrists will file the claim on your behalf. Many may ask that you pay your share of the cost at the time of the visit. Show your Medico Insurance Company ID card to your vision care provider.

## Hearing

### **CLAIM FILING**

We accept the HCFA 1500 (Health Care Financial Administration) standardized health insurance claim form or the Hearing Claim Form at [www.gomedico.com](http://www.gomedico.com).

Your policy/certificate will consider charges for hearing exams due to hearing loss and the cost of hearing aids.

In the information section of the form, you or your physician must fill in the following information.

- Insured's full name and address
- Insured's ID Number
- The name and date of birth of the insured receiving the hearing services

### **IF YOUR HEARING CARE PROVIDER FILES THE CLAIM FOR YOU**

Many audiologists and otologists will file the claim on your behalf. Many may ask that you pay your share of the cost at the time of the visit. Show your Medico Insurance Company ID card to your hearing care provider.

### **ATTACHMENT OF SUPPORTING DOCUMENTATION FOR VISION AND HEARING CLAIMS**

You should substantiate your claim expenses by attaching itemized bills and receipts, which contain the following information.

- Insured's full name and address
- Insured's ID number
- Provider's name and address
- Dates that care or treatment was provided
- Physician's and/or Retailer's Tax ID Number
- Dates that hearing aids and/or glasses/contacts were purchased
- ICD diagnosis codes
- CPT/HCPCS procedure codes
- Description of each treatment
- Charge for each service

# Dental

## CLAIM FILING

A dental insurance claim form is submitted to request payment for services rendered or to file for pre-authorization of services to be performed. We accept the ADA's (American Dental Association) standardized dental insurance claim form.

In the information section of the form, you or the dentist must fill in the following information.

- Insured's full name and address
- Insured's ID Number
- The name and date of birth of the insured receiving the dental services.

## ATTACHMENT OF SUPPORTING DOCUMENTATION

You should substantiate your dental insurance claim expenses by attaching itemized bills and receipts, which contain the following information.

- Insured's full name and address
- Insured's ID number
- Provider's name and address
- Dates that dental care or treatment was provided
- Dentist's Tax ID#
- Dates that services or treatment were received
- Tooth surface(s) and tooth number(s), arch, quadrant
- ADA procedure codes
- Description of each treatment
- Charge for each service

## IF YOUR DENTAL CARE PROVIDER FILES THE CLAIM FOR YOU

Many dental offices will file the claim on your behalf. Some may ask that you pay your share of the cost at the time of the visit. Show your Medico Insurance Company ID card to your dental care provider.

**All claims should be submitted to Medico Insurance Company by mail or by fax.**

**If your policy number begins with "77", submit your claims to:**

**Medico Insurance Company  
PO Box 10188  
Lancaster, PA 17605  
Fax: 1-717-481-8215**

**If your policy number begins with "000M1D", submit your claims to:**

**Medico Insurance Company  
PO Box 21660  
Eagan, MN 55121-0660  
Fax: 1-402-496-8199**

**Medico® is a servicemark owned and licensed by Medico Insurance Company.**