

How to Submit a Claim to HMA

Using Your HMA Benefits

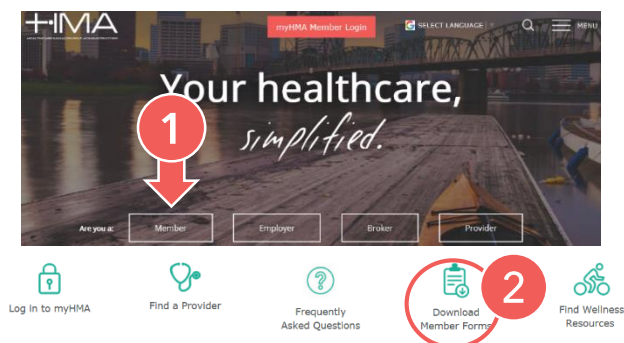
From time-to-time, you may need to see an out-of-network healthcare provider. Since these providers are not in the HMA network, they may ask you to pay their bill upfront. If your procedure or service is covered under your health plan, you can receive reimbursement at the out-of-network rate. Here is what you need to do...

Step 1. Check to make sure that the service is covered by your health plan.

View your benefit plan information, which is available on the HMA member portal at www.accesshma.com. As an option, you can always confirm benefits with HMA's Customer Care Team by calling **1-800-869-7093** or sending them a secure message on the member portal.

Step 2. Download and print a copy of the HMA Medical Claim Form.

1. Go to www.accesshma.com then click the Member button.
2. Click "Download Member Forms" then click "Medical/Dental/Vision Claim Form."



Step 3. Take the form and your HMA member ID card to your healthcare provider.

1. Complete Sections 1, 4, 5, and 7 of the Medical Claim Form before arriving at your appointment.
2. Have your healthcare provider complete Sections 2 and 3.
3. Show your member ID card to your provider. Make sure they make a copy for their records (even if they "don't take insurance").
4. Discuss payment arrangements with your provider. Sign and date Section 6 if they want you to pay upfront.

Step 4. Submit the completed Medical Claim Form, your itemized bill* and receipt to HMA.

You can do this one of three ways:

- Upload to the HMA member portal.
- Mail to the address on the top of the form.
- Fax to the number on the top of the form.

**An itemized bill is one that contains the provider's name and address, their Federal Tax ID Number, date of service, procedure(s) performed, and the nature (diagnosis) of the accident or illness being treated.*

How to submit a claim to the HMA member portal:

1. Go to www.accesshma.com then click the myHMA Member Login button on the top of the page.
2. After logging in, click "View Your Claims and Account Balance."
3. On the next screen, click the "Submit a Claim" button under the Quick Links menu.

To submit a claim, you will first need to attach the following three (3) documents:

- ① The completed Medical Claim Form.
- ② The itemized bill from your healthcare provider.
- ③ The itemized receipt showing proof of payment.

To add an attachment, click "Attachments," upload your file (one at a time), then click the Add button.

4. After uploading all your attachments, click "Member Submitted Claim" to return to the previous screen. The number of attachments should be displayed next to "Attachments."

Member Submitted Claim **Attachments (3)**

5. Click the "Submit" button. Once submitted, you will receive a tracking ID.

Please note that reimbursements can take up to 30 days.

All claims for reimbursement must be submitted within one year of the date the service was provided.

If you have more questions, contact HMA's Customer Care Team:
www.accesshma.com | 1-800-869-7093