

**CHECKLIST FOR PROMPT CLAIMS PAYMENT**

TASK	COMPLETED
<b>INCLUDE ALL THE APPROPRIATE CLAIM INFORMATION FOUND ON A STANDARD CLAIM FORM (HCFA 1500 OR UB-92)</b>	<input type="checkbox"/>
<b>USE CPT-4 CODING SCHEMES TO DESIGNATE PROCEDURES AND ICD-9-CM CODES FOR DIAGNOSES</b>	<input type="checkbox"/>
<b>BILL YOUR CUSTOMARY CHARGE – REIMBURSEMENT WILL BE BASED ON YOUR CONTRACT</b> <i>*If your usual and customary charge is not billed, claims may be sent back to you unprocessed for correction.</i>	<input type="checkbox"/>
<b>BILL WITHIN 180 DAYS OF DATE OF SERVICE</b>	<input type="checkbox"/>
<b>ELECTRONIC CLAIMS ARE SENT TO APPROPRIATE PAYER</b> <i>*If you cannot send claims electronically, we may be able to help you.</i>	<input type="checkbox"/>
<b>ACCURATE COMPLETION OF CLAIM FORMS</b>	<input type="checkbox"/>
<b>VERIFY MEMBER’S ELIGIBILITY AND BENEFITS PRIOR TO SERVICES</b>	<input type="checkbox"/>
<b>MAIL CLAIMS DAILY OR WEEKLY; DO NOT ACCUMULATE CLAIMS</b>	<input type="checkbox"/>
<b>SUBMIT CLAIM ELECTRONICALLY</b>	<input type="checkbox"/>
<b>SUBMIT CLAIMS TO THE CLAIMS OFFICE IDENTIFIED ON THE BACK OF THE MEMBER’S ID CARD</b>	<input type="checkbox"/>

**Why a Claim Payment is Delayed**

- ⊗ **INSUFFICIENT DATA OR INELIGIBLE DATA**
- ⊗ **WRONG NAME, GROUP OR ID NUMBER (SOCIAL SECURITY OR OTHER)**
- ⊗ **NAME OF PAYER OR CARRIER NOT IDENTIFIED**
- ⊗ **NO AUTHORIZATION FROM MCC**