

Reimbursement Claims Submission Process:

What to do when you have settled a healthcare service and seek to reimburse the settlement:

A. Before submitting your claim, you have to:

- Collect the following supporting documents:

In Patient Claims	Ambulatory Claims (Diagnostic tests)	Physiotherapy	Prescribed Medicines	Doctors visit
<ul style="list-style-type: none"> • Original detailed medical report for admission including dated medical history. • Emergency Room sheet if any. • Operating Room sheet. • Prescription tests and results, treatment. • Discharge summary including the discharge diagnosis. <p>All documents should be stamped and signed by physician.</p>	<p>Unified prescription, including motive, adequately filled stamped and signed by physician.</p>	<p>Original unified prescription, including Motive, stamped and signed by physician mentioning the number of sessions.</p>	<ul style="list-style-type: none"> • Original unified prescription, including Motive, stamped and signed by physician mentioning medicine name, dosage and administration, quantity, duration. • Copy of the detailed Chronic medical report should be submitted for each claim related to chronic medicines. <p>Validity of medical report for chronic treatment is variable as per agreement with the payer; afterward, a new report should be submitted.</p>	<p>Original unified prescription, including Motive and Physician Fees, stamped and signed by physician</p>
	<p>Original results (lab, radiology, pathology, etc.) stamped and signed by provider.</p>	<p>Original previous radiology results if any.</p>		

Original itemized invoice and receipt stamped and signed by provider	Original itemized invoice and receipt stamped and signed by provider	Original itemized invoice mentioning the dates and the unit price of each session.	Original itemized pharmacy bill stamped and signed by provider	
Copy of the patient ID and insurance card (insurance card related to beneficiary subject claim, not principal)	Copy of the patient ID and insurance card (insurance card related to beneficiary subject claim, not principal)	Copy of the patient ID and insurance card (insurance card related to beneficiary subject claim, not principal)	Copy of the patient ID and insurance card (insurance card related to beneficiary subject claim, not principal)	Copy of the patient ID and insurance card (insurance card related to beneficiary subject claim, not principal)
			Stamped Empty boxes (As per agreement).	
For Co-NSSF insured: Detailed NSSF bill with a receipt for the NSSF difference	NSSF documents (Original unified prescription) completely and adequately filled with respect to NSSF rules. (The submission of original NSSF documents with receipt & NSSF prior approval when applicable is based on the agreement)	NSSF documents (Original unified prescription) completely and adequately filled with respect to NSSF rules. (The submission of original NSSF documents with receipt & NSSF prior approval when applicable is based on the agreement)	NSSF documents (unified prescription) completely and adequately filled with respect to NSSF rules. (The submission of original NSSF documents with receipt & NSSF prior approval when applicable is based on the agreement)	NSSF documents (unified prescription) completely and adequately filled with respect to NSSF rules.
<i>N.B: International bills in language different than English or French should be translated.</i>				

B. As for the submission, there's multiple options depending on the agreement between Nextcare and your Insurance Company:

1. Beneficiary Online Submission through the Lumi app:

Ask your employer if your health plan offers this option or contact your health plan insurer directly if your plan isn't through an employer.
If you benefit from this option and in order to submit your claim, refer to mobile app user guide.

2. Email Submission:

Your health insurance may not offer online submission. In this case, you have to submit it via the mail directly to your insurance company who will forward it to Nextcare.
If the option is available, you can directly submit your reimbursement claim documents to the following email address: reimbursement_LEB@nextcarehealth.com.

3. Indirect Claim Submission

In this option, you can submit the hardcopy reimbursement claim documents to either:

- Your HR who will forward the documents to the Insurance Company/Broker.
- Your Insurance Company who will either email the documents to Nextcare or deliver the hardcopy as received to Nextcare.

Frequently Asked Questions (FAQs)

1. Who May File a Claim?

Anyone who has paid for medical services that are normally covered within their insurance plan may file a claim for a refund.

2. How long does it take for a claim to be processed?

The standard duration for processing the claim and initiating its payment order is 5 business days starting from the day of receipt. After this period, the payment order will adhere to the settlement cycle.

3. What should I do if a claim is denied?

Refer to your insurance company if the denial reason is not clear. Usually the claim is denied either for non-eligibility or non-medical necessity or for missing documents or according to policy terms and conditions.