CCPU
HEALTH CARE FUND

Acceptable Documentation

Reimbursement Receipts

Ensuring Your QHP Documentation is Acceptable

CCPU HEALTH CARE FUND

Reimbursement Receipts

What is required to be accepted?

- **Name of Provider –** We need to associate the document with the provider seeking reimbursement
- **Date of Service/Goods Purchased –** We must confirm payment is for services that were incurred in the current plan year and on or after the benefit effective date for the provider
- **What the monies were paid towards –** This program has a specific set of eligible expenses depending on the type of benefits you have. We have to have proof the provider paid for services/goods covered by their health insurance plan.
  - *Note: We **NEVER** need your medical diagnosis. We **do** need to see that charges were for an eligible expense: Covered Rx, Copay, Coinsurance, Deductible, etc.*
- **Amount –** We need to see the amount needed for reimbursement

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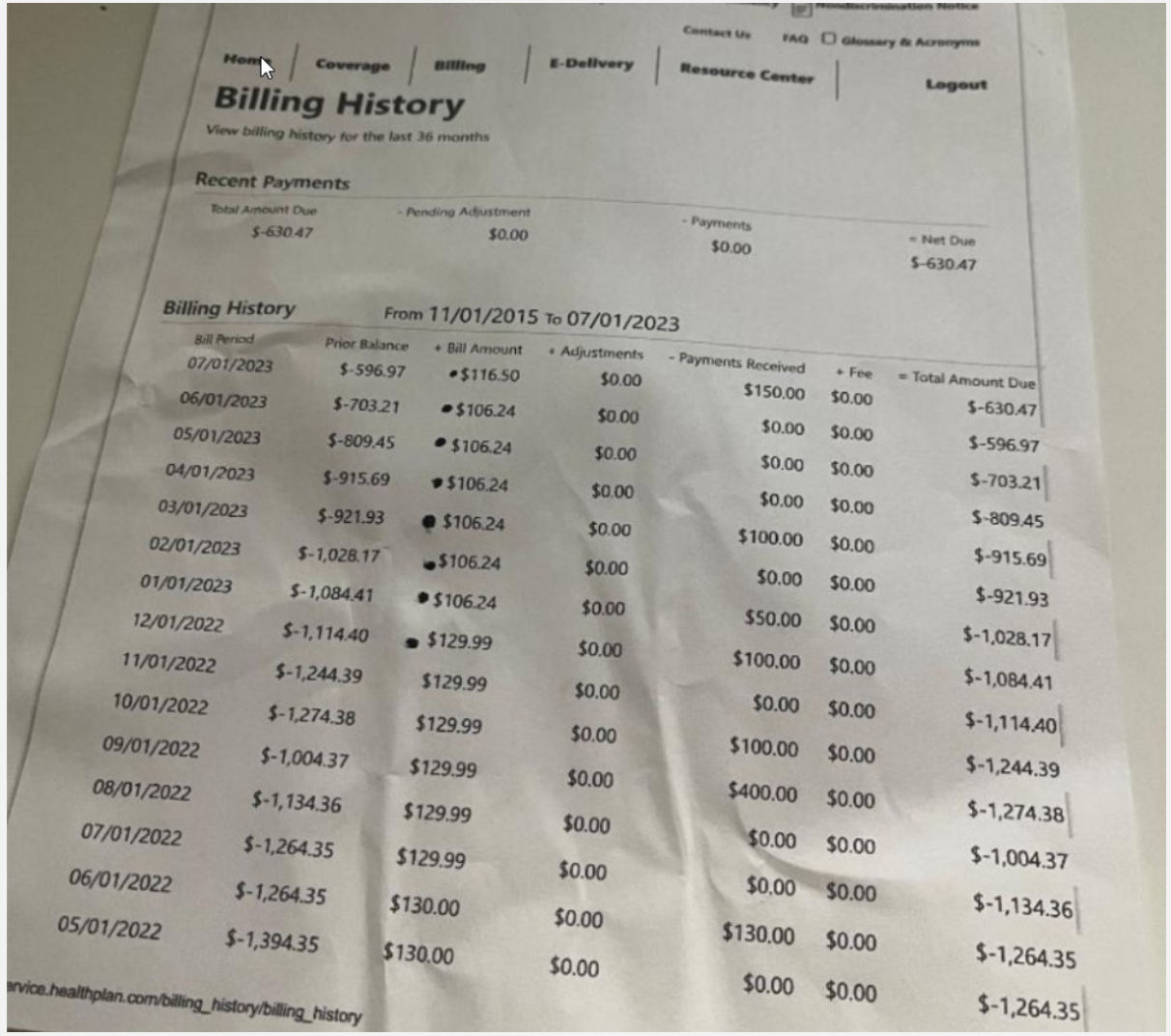
CCPU HEALTH CARE FUND

Reimbursement Receipts

Unacceptable

- We do not show a provider name, we do not show what these payments were for (copay, RX, Premium, etc) and some of the dates are in the year 2022.



Home | Coverage | Billing | E-Delivery | Resource Center | Logout

Contact Us FAQ Glossary & Acronyms

Billing History

View billing history for the last 36 months

Recent Payments

Total Amount Due	- Pending Adjustment	- Payments	= Net Due
$-630.47	$0.00	$0.00	$-630.47

Billing History From 11/01/2015 To 07/01/2023

Bill Period	Prior Balance	+ Bill Amount	+ Adjustments	- Payments Received	+ Fee	= Total Amount Due
07/01/2023	$-596.97	$116.50	$0.00	$150.00	$0.00	$-630.47
06/01/2023	$-703.21	$106.24	$0.00	$0.00	$0.00	$-596.97
05/01/2023	$-809.45	$106.24	$0.00	$0.00	$0.00	$-703.21
04/01/2023	$-915.69	$106.24	$0.00	$0.00	$0.00	$-809.45
03/01/2023	$-921.93	$106.24	$0.00	$100.00	$0.00	$-915.69
02/01/2023	$-1,028.17	$106.24	$0.00	$0.00	$0.00	$-921.93
01/01/2023	$-1,084.41	$106.24	$0.00	$50.00	$0.00	$-1,028.17
12/01/2022	$-1,114.40	$129.99	$0.00	$100.00	$0.00	$-1,084.41
11/01/2022	$-1,244.39	$129.99	$0.00	$0.00	$0.00	$-1,114.40
10/01/2022	$-1,274.38	$129.99	$0.00	$100.00	$0.00	$-1,244.39
09/01/2022	$-1,004.37	$129.99	$0.00	$400.00	$0.00	$-1,274.38
08/01/2022	$-1,134.36	$129.99	$0.00	$0.00	$0.00	$-1,004.37
07/01/2022	$-1,264.35	$129.99	$0.00	$0.00	$0.00	$-1,134.36
06/01/2022	$-1,264.35	$130.00	$0.00	$130.00	$0.00	$-1,264.35
05/01/2022	$-1,394.35	$130.00	$0.00	$0.00	$0.00	$-1,264.35

ervice.healthplan.com/billing_history/billing_history

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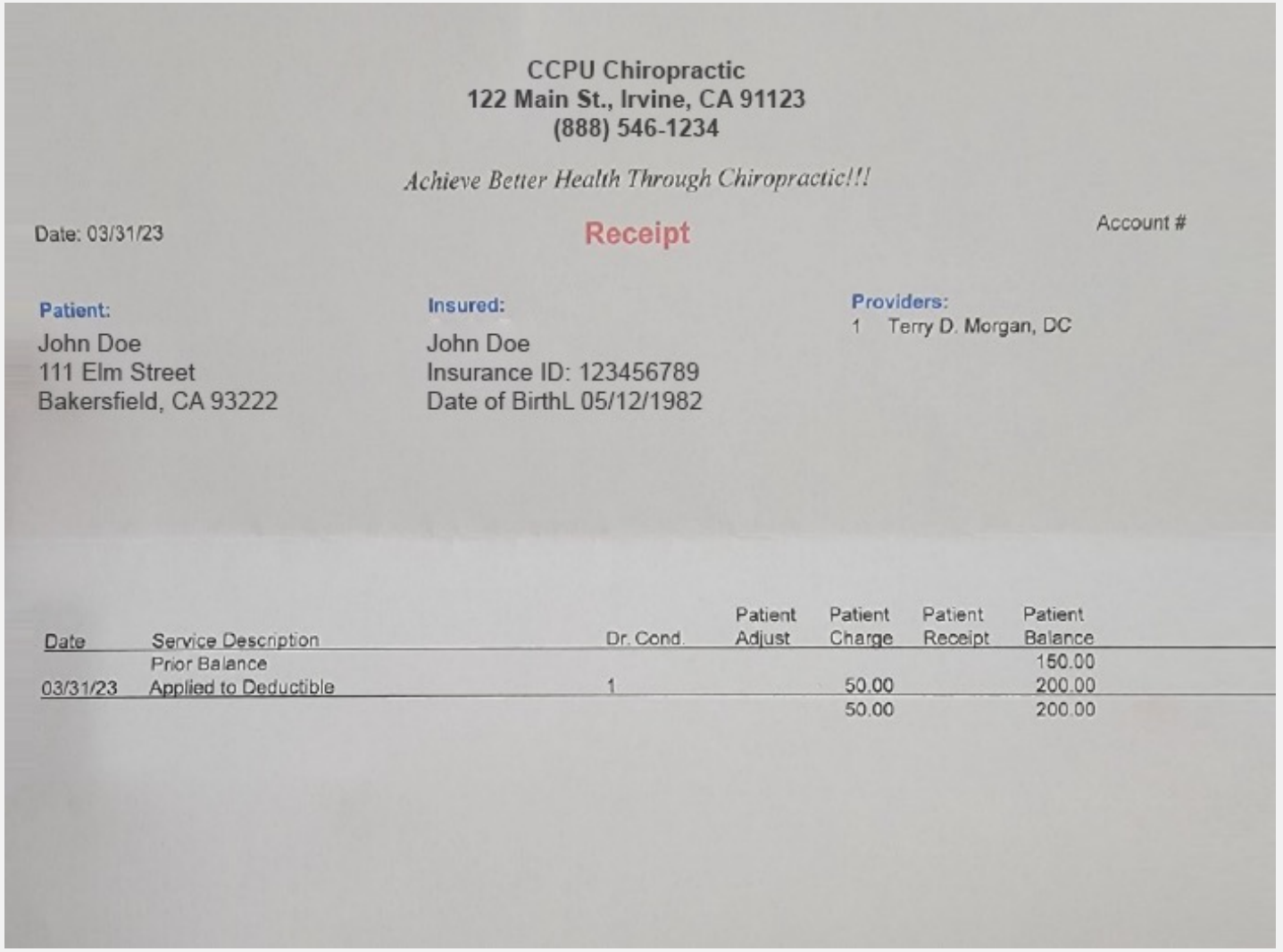
Partially Acceptable

- **Claim for $200.00 – We would approve and only pay $50.00 which shows as applied to deductible, but would require additional information for the prior balance of $150.00, and would deny that amount until additional documentation is submitted.**



CCPU Chiropractic
122 Main St., Irvine, CA 91123
(888) 546-1234

Achieve Better Health Through Chiropractic!!!

Date: 03/31/23

Receipt

Account #

Patient:
John Doe
111 Elm Street
Bakersfield, CA 93222

Insured:
John Doe
Insurance ID: 123456789
Date of BirthL 05/12/1982

Providers:
1 Terry D. Morgan, DC

Date	Service Description	Dr. Cond.	Patient Adjust	Patient Charge	Patient Receipt	Patient Balance
	Prior Balance					150.00
03/31/23	Applied to Deductible	1		50.00		200.00
				50.00		200.00

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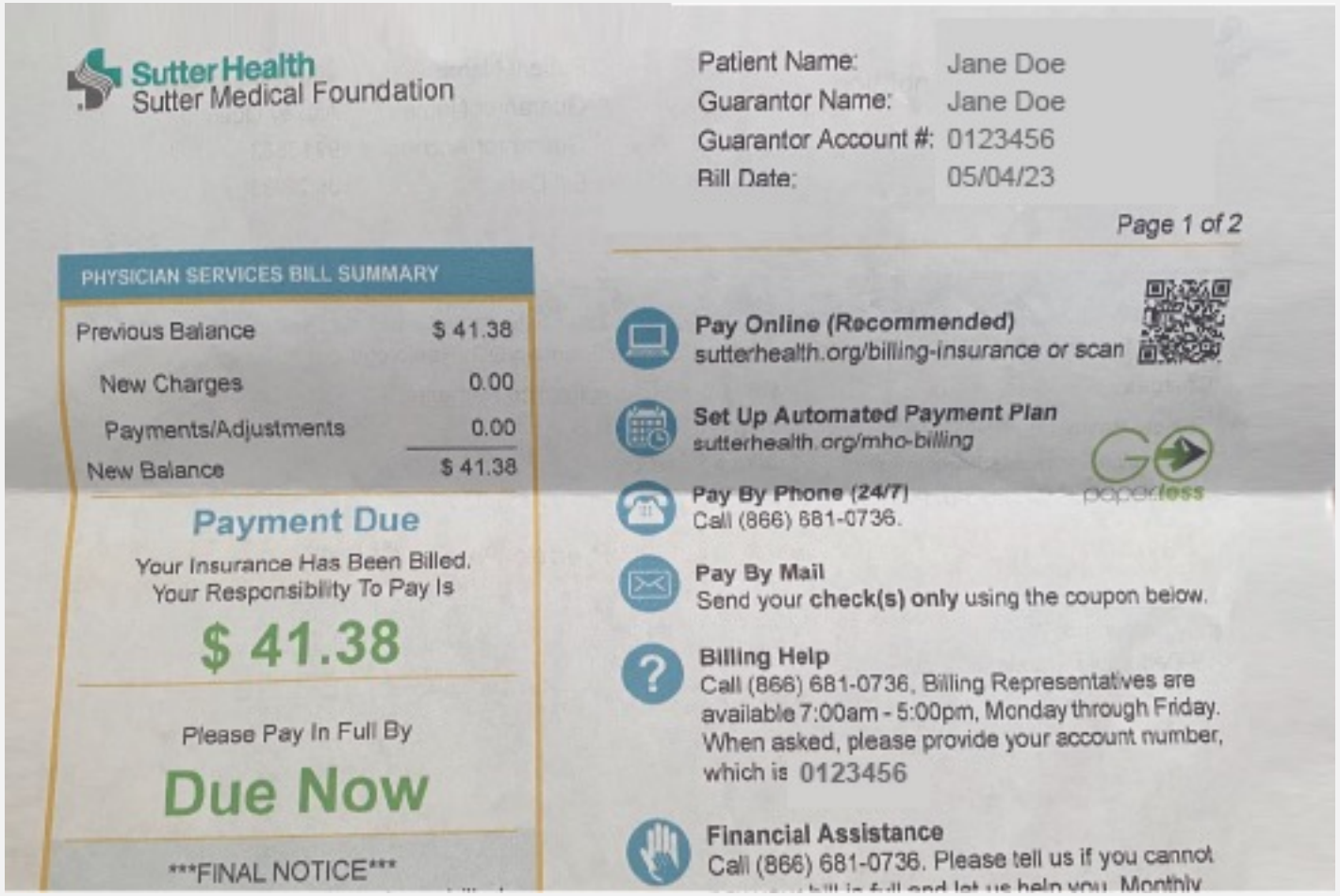
Reimbursement Receipts

Unacceptable

- We would need a supplementary document showing the date of service for the $41.38. We are able to see in the box on the left that the hospital did bill the provider's insurance, and this is the provider responsibility, so we are confident the charge is eligible. We need the date of service to ensure the charges are for goods/services occurring on or after the provider benefit start date.



Sutter Health
Sutter Medical Foundation

Patient Name: Jane Doe
Guarantor Name: Jane Doe
Guarantor Account #: 0123456
Bill Date: 05/04/23

Page 1 of 2

PHYSICIAN SERVICES BILL SUMMARY

Previous Balance	$ 41.38
New Charges	0.00
Payments/Adjustments	0.00
New Balance	$ 41.38

Payment Due

Your Insurance Has Been Billed.
Your Responsibility To Pay Is

$ 41.38

Please Pay In Full By

Due Now

FINAL NOTICE

Pay Online (Recommended)
sutterhealth.org/billing-insurance or scan

Set Up Automated Payment Plan
sutterhealth.org/mho-billing

GO paperless

Pay By Phone (24/7)
Call (866) 681-0736.

Pay By Mail
Send your **check(s) only** using the coupon below.

Billing Help
Call (866) 681-0736, Billing Representatives are available 7:00am - 5:00pm, Monday through Friday. When asked, please provide your account number, which is 0123456

Financial Assistance
Call (866) 681-0736. Please tell us if you cannot

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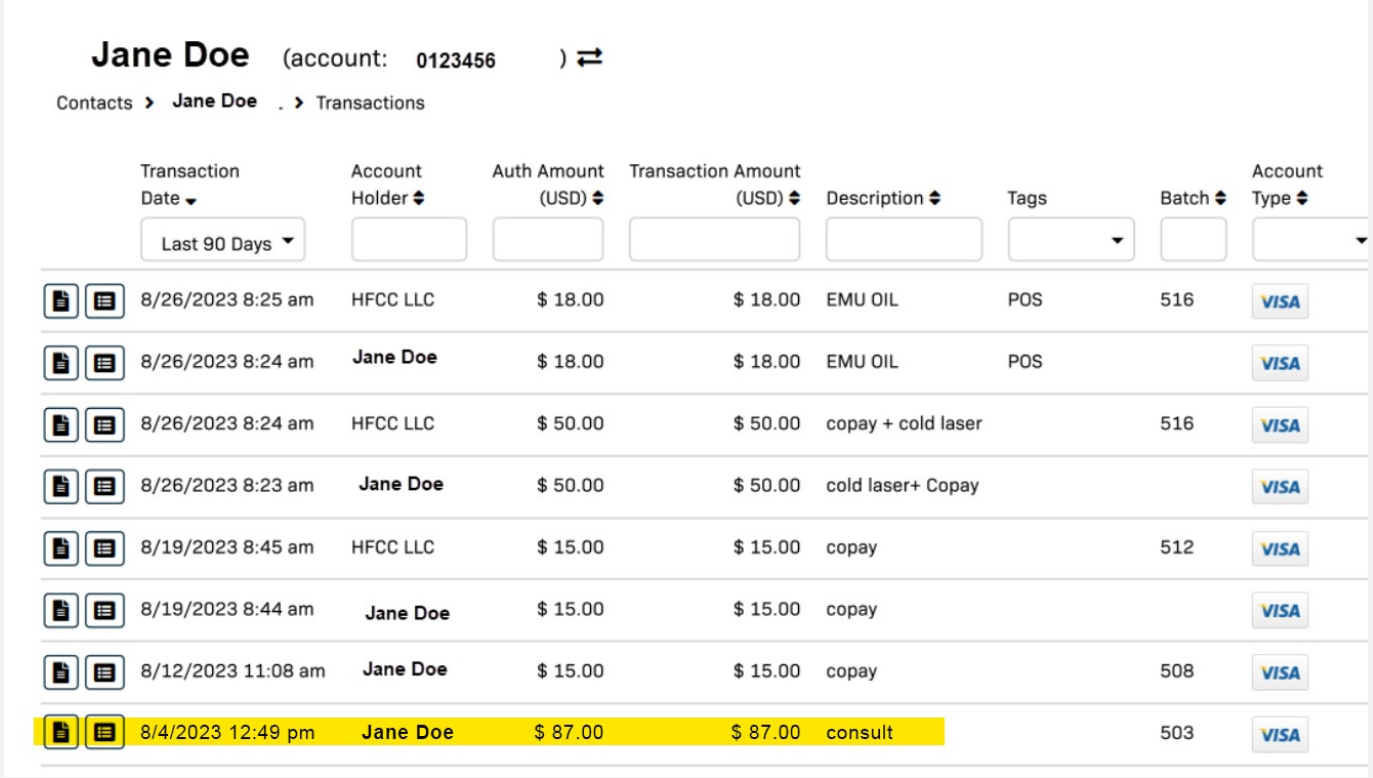
Unacceptable

- We do not show that this payment of $87.00 was for an eligible expense covered by insurance (copay, RX, premium, etc).



Jane Doe (account: 0123456)

Contacts › Jane Doe . › Transactions

Transaction Date	Account Holder	Auth Amount (USD)	Transaction Amount (USD)	Description	Tags	Batch	Account Type
Last 90 Days							
8/26/2023 8:25 am	HFCC LLC	$ 18.00	$ 18.00	EMU OIL	POS	516	VISA
8/26/2023 8:24 am	Jane Doe	$ 18.00	$ 18.00	EMU OIL	POS		VISA
8/26/2023 8:24 am	HFCC LLC	$ 50.00	$ 50.00	copay + cold laser		516	VISA
8/26/2023 8:23 am	Jane Doe	$ 50.00	$ 50.00	cold laser+ Copay			VISA
8/19/2023 8:45 am	HFCC LLC	$ 15.00	$ 15.00	copay		512	VISA
8/19/2023 8:44 am	Jane Doe	$ 15.00	$ 15.00	copay			VISA
8/12/2023 11:08 am	Jane Doe	$ 15.00	$ 15.00	copay		508	VISA
8/4/2023 12:49 pm	Jane Doe	$ 87.00	$ 87.00	consult		503	VISA

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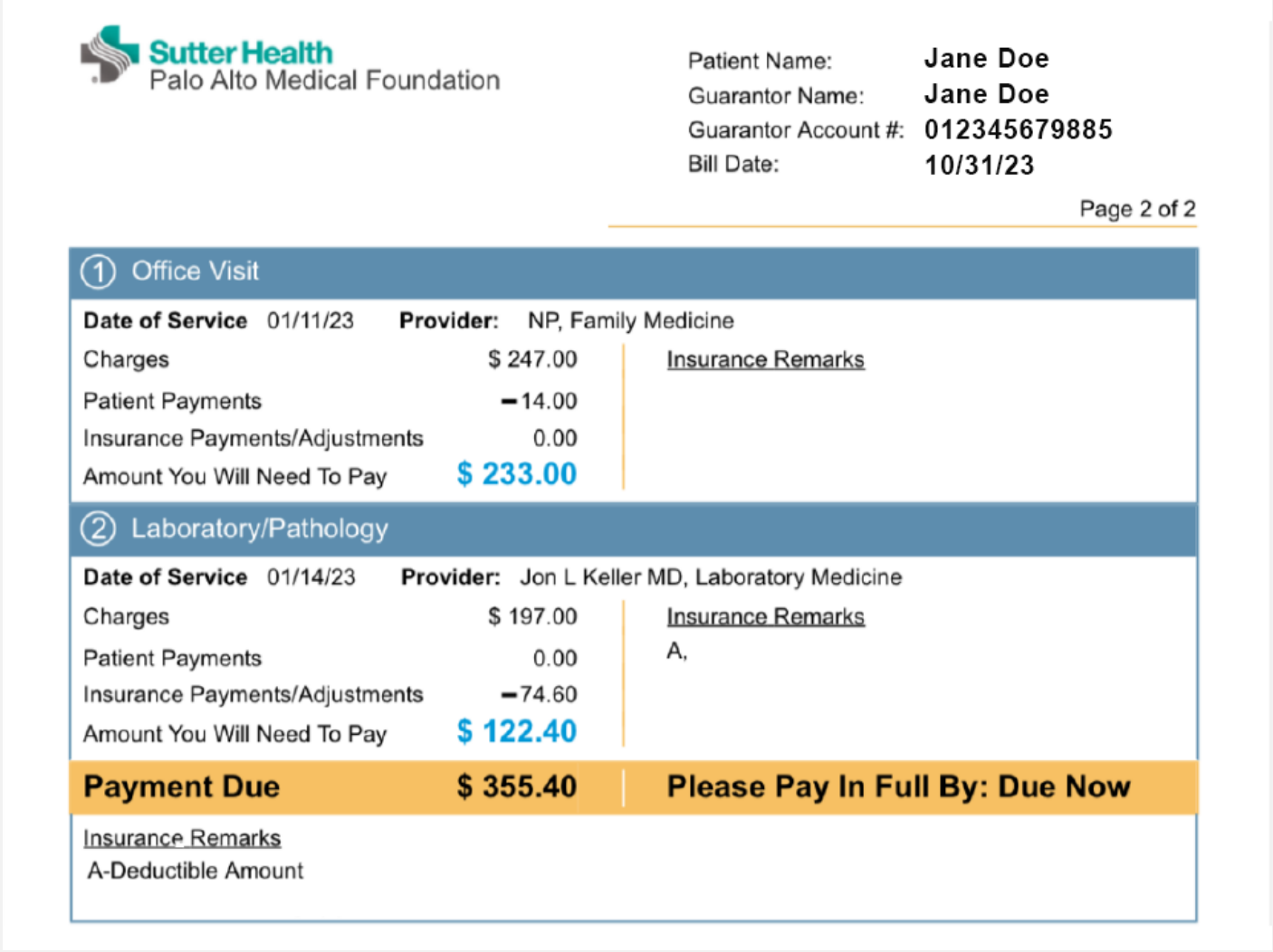
Reimbursement Receipts

Acceptable

- Documentation shows Name of Provider, Date of Service, shows what services were paid for (office visit and labs), and shows what the patient/provider monetary responsibility is (amount we will reimburse).



Sutter Health
Palo Alto Medical Foundation

Patient Name: Jane Doe
Guarantor Name: Jane Doe
Guarantor Account #: 012345679885
Bill Date: 10/31/23

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① Office Visit

Date of Service 01/11/23 **Provider:** NP, Family Medicine

Charges	$ 247.00
Patient Payments	−14.00
Insurance Payments/Adjustments	0.00
Amount You Will Need To Pay	$ 233.00

Insurance Remarks

② Laboratory/Pathology

Date of Service 01/14/23 **Provider:** Jon L Keller MD, Laboratory Medicine

Charges	$ 197.00
Patient Payments	0.00
Insurance Payments/Adjustments	−74.60
Amount You Will Need To Pay	$ 122.40

Insurance Remarks
A,

Payment Due **$ 355.40** **Please Pay In Full By: Due Now**

Insurance Remarks
A-Deductible Amount

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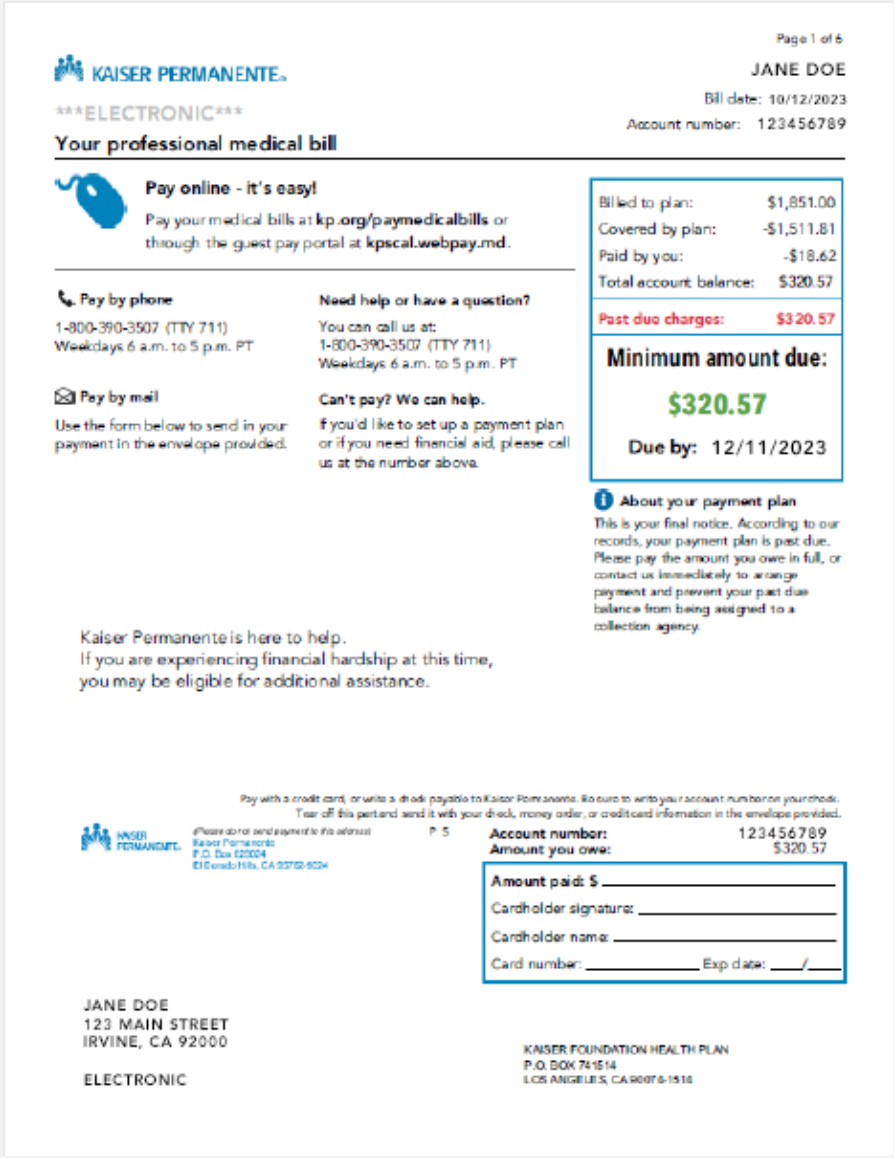
Unacceptable

- **This is not acceptable. We do not have a date of service, information on what this total applies to (copay, Rx, deductible, etc) and we cannot verify who these charges are for (bill is in spouse name, charges can be for spouse or provider).**



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KAISER PERMANENTE®

JANE DOE

ELECTRONIC

Bill date: 10/12/2023

Account number: 123456789

Your professional medical bill

Pay online - it's easy!

Pay your medical bills at **kp.org/paymedicalbills** or through the guest pay portal at **kpscal.webpay.md**.

Billed to plan:	$1,851.00
Covered by plan:	-$1,511.81
Paid by you:	-$18.62
Total account balance:	$320.57
Past due charges:	$320.57

Minimum amount due:

$320.57

Due by: 12/11/2023

Pay by phone

1-800-390-3507 (TTY 711)
Weekdays 6 a.m. to 5 p.m. PT

Need help or have a question?

You can call us at:
1-800-390-3507 (TTY 711)
Weekdays 6 a.m. to 5 p.m. PT

Pay by mail

Use the form below to send in your payment in the envelope provided.

Can't pay? We can help.

If you'd like to set up a payment plan or if you need financial aid, please call us at the number above.

About your payment plan

This is your final notice. According to our records, your payment plan is past due. Please pay the amount you owe in full, or contact us immediately to arrange payment and prevent your past due balance from being assigned to a collection agency.

Kaiser Permanente is here to help.
If you are experiencing financial hardship at this time, you may be eligible for additional assistance.

Pay with a credit card, or write a check payable to Kaiser Permanente. Be sure to write your account number on your check.
Tear off this part and send it with your check, money order, or credit card information in the envelope provided.

KAISER PERMANENTE®

Please do not send payment to this address
Kaiser Permanente
P.O. Box 629004
El Dorado Hills, CA 95762-9004

P 5

Account number: 123456789
Amount you owe: $320.57

Amount paid: $ _____
Cardholder signature: _____
Cardholder name: _____
Card number: _____ Exp date: ___/___

JANE DOE
123 MAIN STREET
IRVINE, CA 92000

ELECTRONIC

KAISER FOUNDATION HEALTH PLAN
P.O. BOX 741514
LOS ANGELES, CA 90074-1514

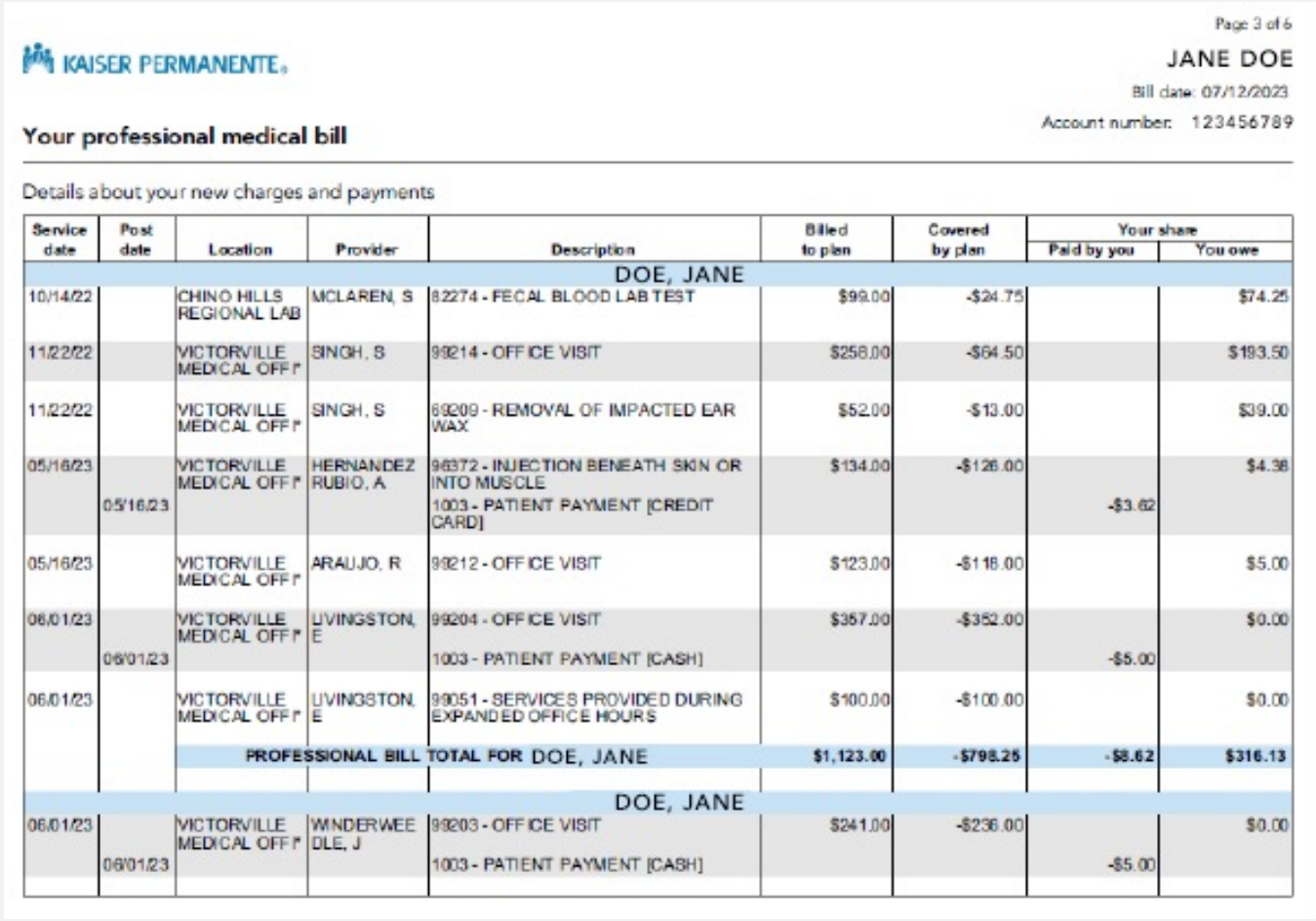
Ensuring Your QHP Documentation is Acceptable

CCPU HEALTH CARE FUND

Reimbursement Receipts

Acceptable

- Documentation shows Name of Provider, Date of Service, shows what services were paid for (office visit, procedures and labs), and shows what the patient/provider monetary responsibility is (amount we will reimburse) AFTER insurance pays their portion (Covered by Plan).



KAISER PERMANENTE®

JANE DOE
Bill date: 07/12/2023
Account number: 123456789

Your professional medical bill

Details about your new charges and payments

Service date	Post date	Location	Provider	Description	Billed to plan	Covered by plan	Your share	
							Paid by you	You owe
				DOE, JANE				
10/14/22		CHINO HILLS REGIONAL LAB	MCLAREN, S	82274 - FECAL BLOOD LAB TEST	$99.00	-$24.75		$74.25
11/22/22		VICTORVILLE MEDICAL OFF I	SINGH, S	99214 - OFFICE VISIT	$258.00	-$64.50		$193.50
11/22/22		VICTORVILLE MEDICAL OFF I	SINGH, S	69209 - REMOVAL OF IMPACTED EAR WAX	$52.00	-$13.00		$39.00
05/16/23		VICTORVILLE MEDICAL OFF I	HERNANDEZ RUBIO, A	96372 - INJECTION BENEATH SKIN OR INTO MUSCLE	$134.00	-$126.00		$4.38
	05/16/23			1003 - PATIENT PAYMENT [CREDIT CARD]			-$3.62	
05/16/23		VICTORVILLE MEDICAL OFF I	ARAUJO, R	99212 - OFFICE VISIT	$123.00	-$118.00		$5.00
06/01/23		VICTORVILLE MEDICAL OFF I	LIVINGSTON, E	99204 - OFFICE VISIT	$357.00	-$352.00		$0.00
	06/01/23			1003 - PATIENT PAYMENT [CASH]			-$5.00	
06/01/23		VICTORVILLE MEDICAL OFF I	LIVINGSTON, E	99051 - SERVICES PROVIDED DURING EXPANDED OFFICE HOURS	$100.00	-$100.00		$0.00
		PROFESSIONAL BILL TOTAL FOR DOE, JANE			$1,123.00	-$798.25	-$8.62	$316.13
				DOE, JANE				
06/01/23		VICTORVILLE MEDICAL OFF I	WINDERWEEDLE, J	99203 - OFFICE VISIT	$241.00	-$236.00		$0.00
	06/01/23			1003 - PATIENT PAYMENT [CASH]			-$5.00	