

How to submit a **long-term care claim**

We realize having to submit an insurance claim can be an inconvenience, especially during what may be a stressful time for you and your family. We're here to help walk you through the claim process, and answer any questions you may have along the way.

STEP 1: COMPLETE AND SUBMIT CLAIM FORM

Once your care has started, you will need to complete your claim form. Be prepared to list all your providers you want to file for.

Upload, fax or mail in your completed claim form along with any other claim documents you may have. Reference the contact information below when submitting your claim.

STEP 2: RECEIPT OF CLAIM

*Within one to two weeks**

Once we receive your claim documents, we will begin the claim review process. *You will be sent a letter of acknowledgement.*

STEP 3: CLAIM ASSIGNED

*Within two to three weeks**

Your claim will be assigned to a claims associate who will begin to gather additional information for review, if needed.

STEP 4: ADDITIONAL INFORMATION

*Over the next three weeks**

We will continue to reach out to you and your providers over the next three weeks to gather any missing information, if needed. *All request letters that are sent to your providers will also be sent to your home for reference. For claim document examples, reference page two in the Long-Term Care and Short-Term Care Packet.*

STEP 5: REVIEW CLAIM

Once all requested information is received, your claims associate will review the documents and make a decision on your claim.

STEP 6: CLAIM DETERMINATION

*Within six weeks**

You will receive an explanation of benefits document explaining your benefit eligibility. If you are eligible for benefits, any due payment will be sent via check in the mail.

Please send in ongoing bills for processing.



Contact Information

Bankers Life and Casualty Company
Policy Benefits Department

P.O. Box 1902
Carmel, IN 46082-1902

Phone: (800) 621-3724

Fax: (312) 396-5952

BankersLife.com/Service-Support

*Time frames provided are estimates only, are dependent upon obtaining necessary claim documentation in a timely manner, and may vary based on State regulations.

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