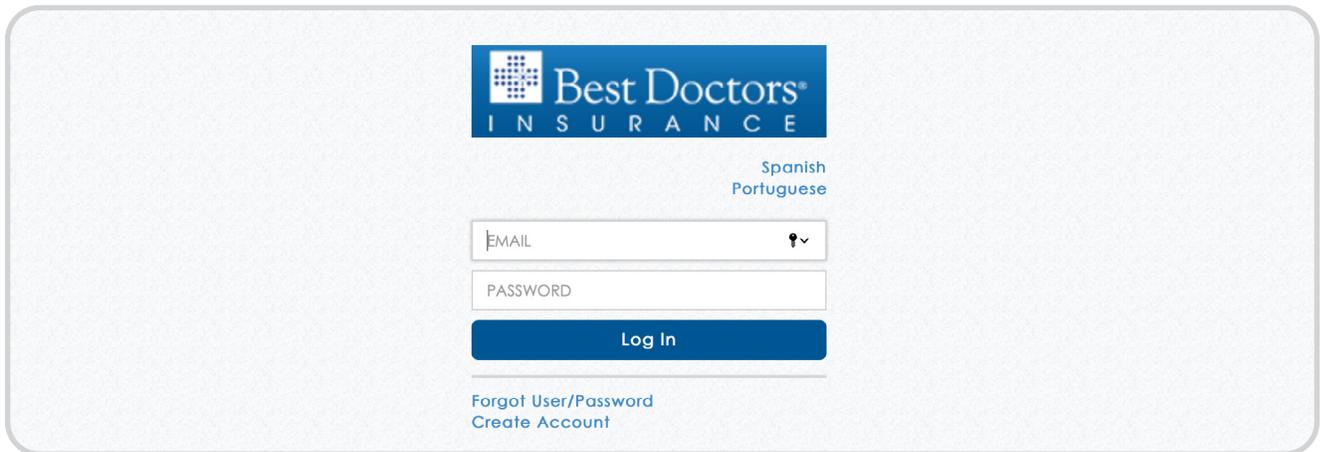


How to submit an electronic claim

You can now quickly submit your claim securely and easily without the need to mail any physical documents. A few steps and you're done: your claim is in process!

1 Log in to the [Member Portal](#). If you haven't registered yet, [click here](#) to download easy instructions to do so.



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Spanish
Portuguese

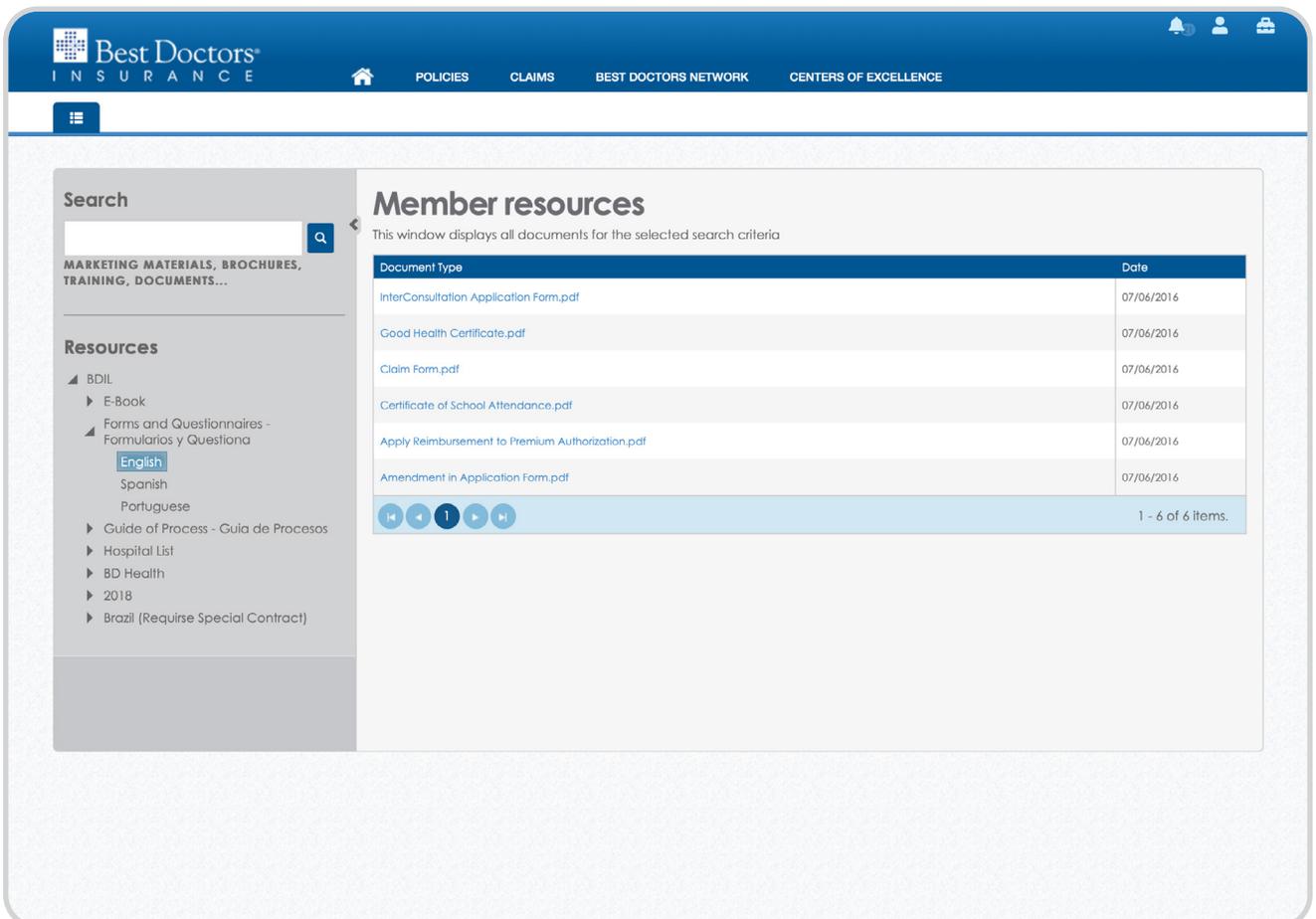
EMAIL

PASSWORD

Log In

[Forgot User/Password](#)
[Create Account](#)

2 Complete a Claim Form. You can download an editable copy from the [Member Resources](#) section. This form will need to be attached for submission (see step #5).



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POLICIES CLAIMS BEST DOCTORS NETWORK CENTERS OF EXCELLENCE

Search

MARKETING MATERIALS, BROCHURES, TRAINING, DOCUMENTS...

Resources

- BDIL
 - E-Book
 - Forms and Questionnaires - Formularios y Questionarios
 - English
 - Spanish
 - Portuguese
 - Guide of Process - Guía de Procesos
 - Hospital List
 - BD Health
 - 2018
 - Brazil (Require Special Contract)

Member resources

This window displays all documents for the selected search criteria

Document Type	Date
InterConsultation Application Form.pdf	07/06/2016
Good Health Certificate.pdf	07/06/2016
Claim Form.pdf	07/06/2016
Certificate of School Attendance.pdf	07/06/2016
Apply Reimbursement to Premium Authorization.pdf	07/06/2016
Amendment in Application Form.pdf	07/06/2016

1 - 6 of 6 items.

3

Under the **Policies** tab, select the member (patient) for whom you are submitting the claim. Then click on the **File a Claim** icon.

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AGENT QUOTES APPLICATIONS **POLICIES** MED. SERVICE CLAIMS REPORTS

Policy Information

Policy Number
Issuer
Primary Member
DOB
Language
Plan / Class
Policy Status
First Effective Date
Country
Country Zone

Policy Summary
This window displays all details for this policy.

Additional Policy Details

Application Received Date: 05/08/2008
Policy Approved Date: 09/22/2015
Renewal Date: 07/15/2019

Individual Deductible
WorldWide **USD 5,000.00**
Auto Pay Paperless

Payment Info

Total Premium: **USD 2,596.20**
Next Payment: USD 705.30
Next Payment Due: 07/15/2019
Balance: USD 2,596.20
Payment Frequency: Quarterly

Members

ALL ID CARDS

Members Limitations

Member Type	Member Name	Status	DOB	Age	Gender	Weight	Height	Marital Status	Effective Date	Effective Thru Date	More
Owner		Active				0 lb	0 feet		07/15/2008		...

4

Under the **Policy Detail** screen, check the **Agree** box and click on **Next**.

Policy Detail
This window displays all the detail for this policy.

Policy Number: Owner: Claimant: Claimant's DOB: Status: Active Issuer: BDIL
Country: Service Agent: Plan: Medical Care Option II
Renewal Date: 07/15/2019 Member First Effective Date: 07/15/2008

Policy Holder's Email: [Text Box]

This email address will be collected for informational purposes only. The client will not be receiving any notifications at this time.

Limitations

Member Type	Category	Type	Description	Amount	Effective Date	Effective Thru Date

To expedite your claim process, we ask that you comply with the following requirements:
REIMBURSEMENT CLAIMS ONLY (Direct payments should not be submitted on the portal).
Each diagnosis/event MUST be an individual submission.
Each COB MUST be an individual submission.

Before you begin, please make sure that you have scanned and saved the following documents to complete the claim:

- Claim Form (1 File)
- Bills (1 File per provider and per event)
 - o Same diagnosis/event with multiple bills for the same provider, can be uploaded under one claim submission.
 - o Different diagnosis/events for the same provider MUST be uploaded as separate files and separate claims submissions.
- Medical Records (1 File for medical record documents, ex. medical records, labs and images, etc)
- General Documents (1 File for additional documents, ex. Correspondence, COBs, etc)

AGREE

NEXT

5

Validate the claimant's information and complete the following. All services must be submitted by provider and medical event. If you have bills from different providers for the same medical event, select **New Provider** after each one and repeat the steps listed below. Then click on **Next**.

1. Attach the Claim Form
2. Confirm bank information
3. Enter provider information
4. Specify type of service
5. Upload files

The screenshot shows the 'Claim Information' step in a web application. On the left is a vertical navigation menu with five items: 1 Policy Detail, 2 Claim Information (highlighted), 3 Upload Files, 4 Claim Summary, and 5 Confirmation. The main content area is titled 'Claim Information' and includes a sub-header: 'This window allows you to upload your claim, enter the details for each provider, and upload the bills.' Below this is a table with three columns: 'Claimant', 'Policy Number', and 'Submission Number' (with the value '19969'). The 'CLAIM FORM' section contains an 'ATTACH FORM' button and a question: 'DOES THE CLAIM FORM CONTAIN BANKING INFORMATION?' with radio buttons for 'NO' and 'YES'. The 'PROVIDERS' section asks for 'BILLING PROVIDER'S NAME' and 'TYPE OF SERVICE' with text input fields. It also includes a 'COUNTRY OF SERVICE' section with radio buttons for 'U.S.' and 'OUTSIDE U.S.' and an 'UPLOAD BILLS' button with a 'Remove' link. At the bottom, there are buttons for 'NEW PROVIDER', 'SAVE', 'BACK', and 'NEXT' (highlighted with a red border).

6

To upload medical records and general documents, please follow the instructions on the screen. Then click on **Next**.

The screenshot shows the 'Upload Files' step in the web application. The top navigation bar includes the 'Best Doctors INSURANCE' logo and menu items: AGENT, QUOTES, APPLICATIONS, POLICIES (active), MED. SERVICE, CLAIMS, and REPORTS. A 'New Claim' button is visible in the top left. The left navigation menu has five items: 1 Policy Detail, 2 Claim Information, 3 Upload Files (highlighted), 4 Claim Summary, and 5 Confirmation. The main content area is titled 'Upload Files' and includes a sub-header: 'This window allows you to upload all additional documents needed to complete the claim.' Below this is a table with three columns: 'Claimant', 'Policy Number', and 'Submission Number' (with the value '19961'). The 'Medical Records' section contains an 'UPLOAD FILE' button and text: 'Please upload the medical records, labs and images as one file. Consider that the file import performance depends on your internet bandwidth and the size of the file.' The 'General Documents' section contains another 'UPLOAD FILE' button and text: 'Please upload all other documents including correspondences and COBs as one file. Consider that the file import performance depends on your internet bandwidth and the size of the file.' At the bottom, there are buttons for 'SAVE', 'BACK', and 'NEXT' (highlighted with a red border).

7

Validate the claim information. Then click on **Submit**.

8

You will receive a confirmation with a **Submission Number** for follow up. Best Doctors Insurance will process the claim within 7 days of receiving all necessary information.

For a successful submission, please keep in mind:

- Claim Form must include claimant/patient's name, date(s) of service, diagnosis, treatment description, provider name, amounts charged and paid in the corresponding currency.
- Scanned images or pictures of detailed invoices and receipts must be legible and clear.
- Prescriptions and pharmacy receipts must include the patient's name.
- Reimbursement information for direct deposit to U.S. account or international bank transfer.