



## How To File A Claim

First, you will need to fill out a Medical Reimbursement Claim Form, found on our [MotivHealth.com](https://www.MotivHealth.com) website under 'Forms and Documents' link in the website footer.

Then, to assure that you receive the best possible claims service, we need a complete itemized bill from your provider. Your claim must include the following information:

- Patient's name, address and phone number
- Your insurance identification number
- The date the medical services were provided
- The charge for each service
- Procedure codes that describe the services provided
- Diagnosis codes that describe the conditions treated
- The place where the service was provided
- The provider's complete name, address, phone number
- The provider's credentials, Tax Identification Number (TIN), and National Provider Identifier (NPI) number.

If your doctor or healthcare facility files your claim for you, we will send you a detailed explanation which describes how the claim was processed. If benefits are payable, we will send payment directly to the provider's office or healthcare facility. If you have already paid the bill, the payment will be sent directly to you.

You can also use our mailing address to send a claim to us yourself. Our mailing address is:

MotivHealth Insurance Company  
PO Box 709718  
Sandy, UT 84070-9718

Your Personal Health Assistant is always available 24/7 to help you with any questions about your claims. Just call us at (844) 234-4472.