

Group GAP Claims: *Step-by-Step*



After enrollment, each enrollee will be given a Welcome Package that will include a Certificate of Insurance and ID card for the GAP plan. You can choose to assign benefits to your health care provider at time of service, giving them permission to submit the claim on your behalf. If you choose to file the claim you can elect to have payments sent directly to you or assign benefits to your provider.

Claims filing directions for Healthcare Providers:

1. Insured gives provider their major medical ID card and the GAP plan ID card at the time of service.
2. The claim is filed by the provider under the major medical plan.
3. The primary carrier will process the claim and send the provider an Explanation of Benefits (EOB).
4. The provider will then file the claim for the GAP plan by submitting the itemized bill (HCFA 1500 or UB04) and the major medical EOB to ManhattanLife.

Mail:

ManhattanLife VB Claims Department
P.O. Box 926169
Houston, TX 77292
Fax: 1(502)-405-7107
E-Mail: VBClaimsSubmissions@ManhattanLife.com

5. Once all information is received payment will be made directly to the physician's billing address listed on the itemized bill.

Note: A GAP Claim form or Assignment of Benefits form is not required if the healthcare provider submits a claim on the member's behalf.

Claims filing directions for Insureds:

The following information is required to submit a claim under your GAP plan:

- A completed VB GAP claim form, found here: <https://www.manhattanlife.com/Employers/Group-Products/Claim-Forms>
- Itemized bill: HCFA1500 (physician services) or UB-04 (hospital services).
- EOB from primary health insurance carrier.
- Assignment of Benefits form – found here: <https://www.manhattanlife.com/Employers/Group-Products/Claim-Forms>
 - Only complete this form if payment is to be sent directly to the physician.
- Submit all documents to ManhattanLife using one of the methods below:
 - Mail:

ManhattanLife VB Claims Department
P.O. Box 926169
Houston, TX 77292

- Fax: 1(502)-405-7107
- E-Mail: VBClaimsSubmissions@ManhattanLife.com
- Easy Upload Tool: ManhattanLife.com

Note: If a claim was received without all required documents, a formal written request will be submitted to you and your healthcare provider if benefits are assigned. The claim will be reviewed for benefits once all necessary information has been received from you.

If you have any questions regarding claim submissions or to verify benefits,
please contact Customer Service at 1-855-448-6982.