

ATTENTION CLIENTS WITH LONG TERM CARE INSURANCE POLICIES:

Potter Nursing Service (PNS) is happy to assist you with submitting claims to your long term care insurance policy. If you would like our assistance, we first must call your provider to verify the benefits, exclusions and other details of your policy before we begin services. Every policy is different, so this step is very important! In order to speak with insurance companies about your policy, we must obtain the name of your insurance provider, birth date and social security number of the policy holder, policy number and authorization for release of information.*

Most insurance providers require specific claim forms along with billing statements and caregiver/nursing notes in order to process claims. You may be asked to sign some of these forms. Many providers, for example, require us to submit forms completed and signed by you, our company and your physician. In addition, you may have to meet other requirements such as personally calling your provider to open a claim or to schedule an assessment from one of their nurses. PNS will send a nurse to complete an assessment only if requested.

Providers typically send reimbursement checks to their policy holders. If you prefer that payments are sent to PNS, you will have to complete an Assignment of Benefits (AOB) and/or Direction to Pay form, which authorizes your provider to make payments directly to PNS. We may not be able to accept AOB for all policies, so you will need to speak with a PNS and/or insurance representative to see if this option is feasible for your case.

EVEN WITH AN AOB IN PLACE, IT MAY TAKE SEVERAL BILLING CYCLES FOR PAYMENTS TO BE SENT DIRECTLY TO PNS. IF A PROVIDER SENDS A CHECK TO YOU IN ERROR AT ANY TIME, IT IS YOUR RESPONSIBILITY TO NOTIFY PNS AND MAKE ARRANGEMENTS TO PAY THE BALANCE DUE.

Please understand that our clients are ultimately responsible for charges not paid by insurance or any assignment. While we do our best to communicate with insurance companies on your behalf, claims are occasionally denied or not paid in full. As with any kind of insurance coverage, it is impossible to know with 100 percent certainty what your provider will pay until your claim has been submitted and processed. As described in our Client Service Agreement, PNS makes no promises, representations or warranties of any kind in connection with the type or extent of coverage or reimbursement that insurance companies may provide.

Please note that PNS is able to submit claims only to private long term care policies and is not able to submit claims to Medicare or to insurances that are secondary to Medicare.

If you have any questions about the process of submitting insurance claims, do not hesitate to call our office at 561-997-9300. We will do whatever we can to make this often difficult process easier for you.

****Because of strict security and confidentiality standards, most insurance companies will not provide information about your policy until you call to give them permission to speak with us. Many companies also require you to sign an authorization form before they can verify your benefits with us. Your provider will most likely not allow us to request or complete this form on your behalf. In many cases, you must call to request this form and return it to your provider before they will speak with us.***