

CLAIM SUBMISSION STEPS

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| <p>1</p> | <p>DOCTOR OR HOSPITAL Employee goes to a Contracted Provider and pays any applicable co-pay, if required.</p>  |
| <p>2</p> | <p>INSURANCE COMPANY Provider sends claim to Group Insurance Carrier.</p>  |
| <p>3</p> | <p>EXPLANATION OF BENEFITS (EOB) Insurance Carrier processes claim using contracted rates, applies balance to deductible, and mails EOB (Explanation of Benefits) to Employee.</p>  |
| <p>4</p> | <p>EMPLOYEE Employee verifies that services on EOB were performed, then faxes EOB to Pacific Benefits iFlex at Fax: (916) 363-2117</p>  |
| <p>5</p> | <p>PACIFIC BENEFITS IFLEX Pacific Benefits iFlex recalculates claim per Employer's specifications, reimburses employee by Direct Deposit, Debit Card, or Check's to employee's home addresses, as specified by Employer.</p>  |
| <p>6</p> | <p>DOCTOR Employee then reimburses provider for his/her share of the claim.</p>  |