

MEDICA®

MEDICARE SUPPLEMENT

Insured: Morgan R Minnesota

Policy #: 2301010001

Plan: Basic

Contact us (toll-free) at **1-833-522-4877** or
online at **www.medica.com**

IMPORTANT NOTICE

**Most claims submitted to Medicare are
automatically forwarded to us electronically**

Customer Service:

Medicare Supplement Administration
PO Box 10819, Clearwater, FL 33757-8819

Claims Administration:

Medicare Supplement Claims
PO Box 10820, Clearwater, FL 33757-8820

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Provider Network and Payment Method

- Does not use a network. Members may see any provider that accepts Medicare.
- Claims are paid in coordination with Medicare.

Medica Signature Solution Benefits

- Medicare has primary reimbursement responsibility for all inpatient and outpatient services.
- Depending on plan selection, Medica reimburses for routine or preventive services, if Medicare denies.
- Medica reimburses member coinsurance and in some cases the deductibles and copayments.

Claim Submission

Since Medica is the secondary payer to Medicare, claims will be electronically routed to Medica through Medicare. In the rare event that a claim does not pass through the electronic Medicare process, please use the following submission information below.

For all policy/group numbers that begin with 72000-72999, claims should be sent to:

Medica

PO Box 30990

Salt Lake City, UT 84130

Electronic payer ID: 94265

For all policy numbers that begin with 230 and are 10 digits long, claims should be sent to:

Medicare Supplement Claims

PO Box 10820

Clearwater, FL 33757-8820