



Public Employees Insurance Agency

WV Toll-free: 1 (888) 680-7342

Phone: 1 (304) 558-7850

Fax: 1 (877) 233-4295

Website: www.wvpeia.com

Dear :

Thank you for your recent inquiry regarding your court-ordered dependent's claims. Enclosed you will find the form you need to submit the claims you have on hand, as well as a copy of the PEIA Summary Plan Description, which will provide you with the details of your dependent's benefits.

If you have any questions or require additional assistance, please call the PEIA Customer Service Unit at 1-888-680-7342 or (304) 558-7850.

Sincerely,



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West Virginia Public Employees Insurance Agency Court-Ordered Dependent Medical Claim Form

MAIL TO:
HealthSmart Benefit Solutions
P.O. Box 2451,
Charleston, WV 25329-2451

IMPORTANT: Itemized bills must accompany this form. Please complete and mail this form and all itemized bills to HealthSmart, retaining a copy for your records. If you have questions call 1-888-440-7342. Please print or type the following:

Child's name _____ Social Security number _____

Child's date of birth _____ Phone number _____

Name of custodial parent _____ Date of birth _____

Custodial parent's home address

_____ Street

_____ City State Zip

Patient's gender: Male Female

Is patient covered under other health coverage (including Medicare)? Yes No

I certify that the above is correct, and that I am claiming benefits only for charges incurred by the patient named above. I further authorize the release of any medical information necessary to process this claim.

Date _____ Signature of custodial parent _____

To process a medical claim, HealthSmart requires a complete itemization of charges including:

1. the patient's name;
2. the nature of the illness or injury;
3. date(s) of service;
4. type of service(s);
5. charge for each service;
6. diagnosis and procedure codes;
7. identification number of the provider; and
8. Medical ID number of the policyholder.

CLAIM FILING PROCESS

Please follow these procedure:

1. Please submit all claims paid in full using the PEIA Medical Claim Form for Court-Ordered Dependents.
2. Note the social security number of the dependent child on the PEIA Claim Form where indicated.
3. Specify the custodial parents name and address where payment should be mailed. Sign and date the claim form where indicated.
4. HealthSmart will process the submitted claim under the PEIA policyholder's coverage and make payment as follows.
 - a. If the submitted claim is marked as paid in full, payment will be made to the custodial parent with a copy of the explanation of benefits to the provider of service.
 - b. If the submitted claim is not paid in full, payment will be made to the provider of service and a copy of the explanation of benefits will be mailed to the PEIA Policyholder. Upon request by the custodial parent, a copy of the explanation of benefits will also be mailed to the custodial parent.
 - c. If the submitted claim is not clearly noted as to whom paid the charge, the payment will be made to the CUSTODIAL parent, with a copy of the explanation of benefits to the provider of service.
 - d. If the submitted claim is paid in full by the PEIA policyholder, payment will be made to the PEIA policyholder with a copy of the explanation of benefits mailed to the provider of service.

Proof of payment by the custodial parent can be a copy of a canceled check, signed receipt from the provider of service, or a claim marked paid in full by the provider of service and mailed in with the PEIA Claim Form for Court-Ordered Dependents.