

**AmCare Health Plans of Louisiana in Receivership
(Hereafter referred to as “AmCare LA”)
Proof of Claim (POC)
Submission Guidelines
and
Frequently Asked Questions & Answers**

A. Submission Guidelines: To ensure your Proof of Claim (POC) form is properly completed, please follow these instructions:

- 1) Completing the POC Form:
 - Section 2: General Information
 - ◆ Please review the information in this area very carefully to confirm our records for you are correct. If this section contains incorrect information, please indicate the corrections that are needed.
 - Section 3: Claim Information
 - ◆ Please indicate the type of claim you are submitting.
 - ◆ Please circle your claimant type.
 - ◆ You must indicate the total amount due to you. If you do not know the exact amount due to you, please indicate an estimated amount.
 - Section 4: Certification of Right to File Claims
 - ◆ You must indicate the signature of claimant or individual holding Power of Attorney.
 - ◆ You must include two witness signatures.
 - ◆ Each POC form submission requires original signatures.
 - Section 5: Assignment of Claim
 - ◆ If you want someone other than yourself to receive any payments pursuant to your claim, you must complete this section.
 - ◆ If this section of the POC form is completed, you must have your POC form notarized.
 - ◆ If you do not wish for your payments to be paid to someone else, you do not have to complete this section and you do not need to have your POC form notarized.
- 2) The submission of your completed POC form must include your completed POC form, UB92s (when applicable), HCFA 1500s (when applicable) and all supporting documentation.

AmCare Health Plans of Louisiana members will need to obtain a copy of the UB92 and/or HCFA 1500 from the provider who rendered services for the claims you are submitting with your completed POC form.
- 3) If you have an adjustment request and/or appeals request for review, please include all supporting documentation with your claim and completed POC form submission.
- 4) POC forms and supporting documentation must be mailed via the US Postal Service.
- 5) Please mail completed POC forms, UB92s, HCFA 1500s and all supporting documentation to:

AmCare Health Plans of Louisiana in Receivership
Attention: Proofs of Claim Department
P.O. Box 5920
Metairie, LA 70009-5920
- 6) If you have questions, please visit our web site at www.lti.state.la.us or you may contact our Customer Service Department at (504) 849-7700.

B. Frequently Asked Questions and Answers

- 1) **Do I have to send a Proof of Claim (POC) Form with every claim?**
 - ◆ No, all of your claims may be included with one POC Form.
 - ◆ Initial POC Form Submission: Only one (1) completed POC Form is required with each submission. All UB92s, HCFA 1500s and supporting documentation must be attached.
 - ◆ Additional POC Form Submission(s): If after submitting your initial POC Form you choose to send subsequent submissions, you must complete another POC Form and send it to us with the UB92s, HCFA 1500s and supporting documentation for the additional POC submission.
 - ◆ Please Note: All POC Forms must be mailed via the United States Postal Service.
- 2) **Can I make copies of the POC Form?**

Yes, You may make copies of the POC Form. All applicable sections of the POC Form must be completed with UB92s, HCFA 1500s and all supporting documentation attached when submitting to us for processing. All POCs submitted must have original signatures.
- 3) **Do I have to provide a total amount due to me from AmCare LA?**

Yes, in Section 3 of the POC Form, Claim Information, you are required to provide a total amount due to you from AmCare LA. If you do not know the exact amount due to you, please provide the best possible estimation.
- 4) **Do I have to obtain two witness signatures?**
 - ◆ Yes, Section 4 of the POC Form, Certification of Right to File Claims, the claimant's signature and two (2) witness signatures are required.
 - ◆ A POC Form received without required signatures can not be processed by AmCare LA. The POC Form will be considered incomplete and will be returned to you for completion.
- 5) **Do I have to get my POC notarized before sending it to AmCare LA?**
 - ◆ Only if you want someone else to receive any payments pursuant to your claim.
 - ◆ Section 5 of the POC Form, Assignment of Claim, requires notarizing if you are assigning any and all monies paid by AmCare LA to another party. This means if you are submitting the POC Form and want the payment of any and all monies paid to someone other than yourself, you will need to have the POC Form notarized.
 - ◆ If AmCare LA receives your POC Form and Section 5, Assignment of Claim is filled in but is not notarized, the POC Form will be considered incomplete and will be returned to you for completion.
- 6) **Can I fax my POC?**

No, All completed POCs with UB92s, HCFA 1500s and supporting documentation must be submitted via the United States Postal Service.
- 7) **Do I have to file a POC if I am not due monies from AmCare LA?**

No
- 8) **When is the last day that I can submit my POC Form?**

You should file your claim as soon as possible. Your completed POC form with UB92s, HCFA 1500s and all supporting documentation must be post marked on or before June 15, 2003. To protect your rights, you must file your claim timely.
- 9) **How do I get additional copies of the POC Form?**

Please visit our website at www.lhi.state.la.us or you may contact Customer Service at 504-849-7700.
- 10) **Where do I mail my POC Form?**

Please mail completed POC Forms, UB92s, HCFA 1500s and supporting documentation to:

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Attention: Proofs of Claim Department
P.O. Box 5920
Metairie, LA 70009-5920