nonstop™ HEALTH

Navigating the Nonstop Health claims process

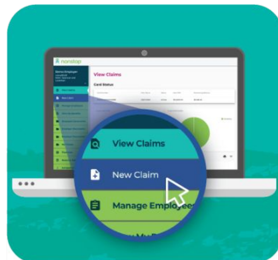
Your Nonstop Visa card helps you pay for covered, qualified medical expenses with no claims paperwork needed! But if for some reason you can't use your card – e.g. if the provider's office or pharmacy is unable to accept it – you may need to pay out of pocket and then submit a claim. You can also submit provider bills to Nonstop to pay on your behalf. This guide will explain that process. **Please note: All claims are due within 90 days of the end of your medical plan year.**

How to submit a claim

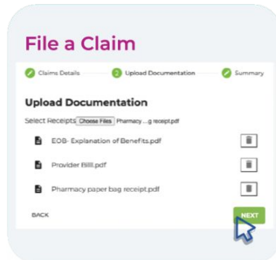
There are two ways to submit a claim: Online via the Nonstop Exchange (NSE) or via a paper claim form.

Submitting a claim online

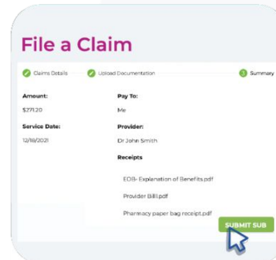
1 **LOG IN TO THE NONSTOP EXCHANGE** portal (members.nonstophealth.com) or mobile app.



2 **CLICK ON THE NEW CLAIM TAB** and fill in all of the required information.



3 **UPLOAD THE PROPER DOCUMENTATION.** For a provider visit, this is an Explanation of Benefits and provider bills. For prescriptions, upload the pharmacy paper bag receipt.*



4 **REVIEW YOUR CLAIM AND SUBMIT!** A ticket number will be provided and you will see this appear under the My Tickets tab when you click Submit.

5 Expect a **REIMBURSEMENT OR PROVIDER PAYMENT** to be mailed out after a 7–10 day processing period.**

* For a claim to be processed, the service date you enter on the first page must match the date stated on the uploaded documentation.
** During the peak claims season of December 1–April 1, it may take 14–20 days for Nonstop to process your claim.

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Submitting a paper claim

Visit nonstophealth.com/claims for a claim form. Fill out all sections of the claim form and include all required documentation:

+ For medical services, we need the Explanation of Benefits (EOB) and provider bill.
+ For prescriptions, we need the detailed pharmacy bag receipt (not just the cash register receipt), showing your name, the medication name and whether it was processed through/covered by your insurance carrier.
  Please note: Some smaller pharmacies may not be able to provide all the information we need, so we may call you or the pharmacy for more details.

Return the claims form and documentation to us via fax (877.463.1175), email (claims@nonstophealth.com), or the US Postal Service:

Nonstop Health
1800 Sutter Street Suite 730
Concord CA 94520

KEY THINGS TO REMEMBER

Submit claims within 90 days of the end of your carrier's plan year. If your employment ends with your organization, all outstanding claims must be submitted to Nonstop within 90 days of your last day of coverage.

Submit **all** required information. Without correct documentation, your claim cannot be processed and reimbursement will be delayed.

How to check the status of your claim

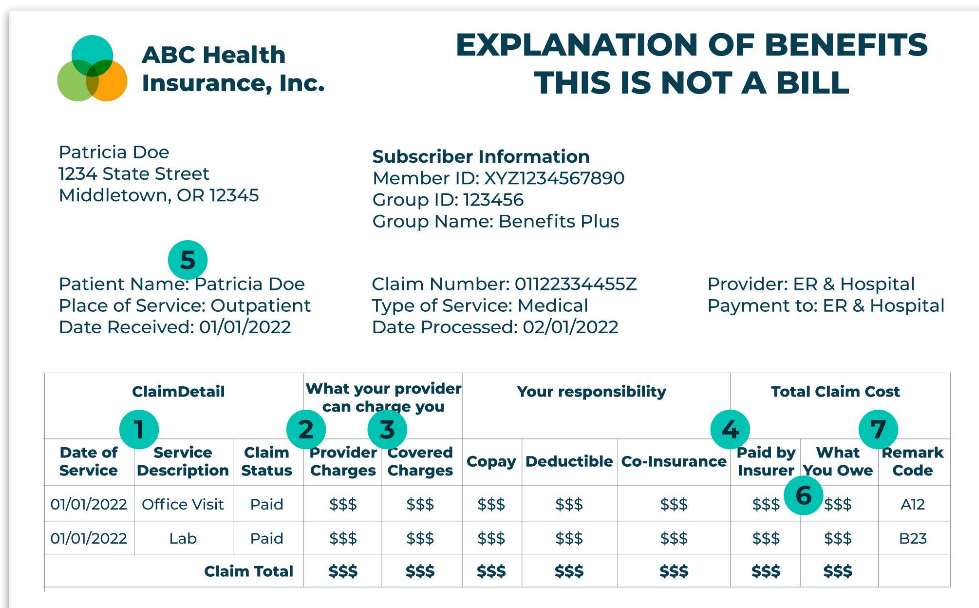
+ If you submit a claim via NSE or mobile app, you will receive a ticket number which you can use to check on the status of your claim under the "My Tickets" tab on NSE.
+ If the claim was submitted via fax, please allow 24 hours from when we receive it for it to appear under the "My Tickets" tab on NSE.
+ If the claim was submitted via mail, please allow several business days for us to receive and process it.
+ If the claim was submitted via email, you will automatically receive an email with the ticket number.
+ Alternatively, you can call us at 877.626.6057 or email us at clientsupport@nonstophealth.com and we can check the status for you.

GOOD INFO TO KNOW:

Normally it takes 7-10 business days for us to process your claim, but during peak claims season (Dec. 1 - March 31) the process may take up to 20 business days. Once a claim is paid, you will receive an email from us stating it has been paid (including if a provider submits a claim on your behalf). This notice is sent to you via email regardless of how the claim was submitted.

Explanation of Benefits (EOB)

An Explanation of Benefits (EOB) is a statement generated by your health insurance company summarizing how it processed a claim from a doctor, hospital, or other medical provider. Some carriers require you to opt in to receive them by mail; otherwise you must log in to your online account with the carrier and retrieve the EOB yourself. Some carriers only provide EOBs for certain provider visits. Check with your insurance carrier for their EOB policy.



ABC Health Insurance, Inc.

EXPLANATION OF BENEFITS
THIS IS NOT A BILL

Patricia Doe
1234 State Street
Middletown, OR 12345

Subscriber Information
Member ID: XYZ1234567890
Group ID: 123456
Group Name: Benefits Plus

Patient Name: Patricia Doe
Place of Service: Outpatient
Date Received: 01/01/2022

Claim Number: 01122334455Z
Type of Service: Medical
Date Processed: 02/01/2022

Provider: ER & Hospital
Payment to: ER & Hospital

ClaimDetail			What your provider can charge you		Your responsibility			Total Claim Cost		
Date of Service	Service Description	Claim Status	Provider Charges	Covered Charges	Copay	Deductible	Co-Insurance	Paid by Insurer	What You Owe	Remark Code
01/01/2022	Office Visit	Paid	$$$	$$$	$$$	$$$	$$$	$$$	$$$	A12
01/01/2022	Lab	Paid	$$$	$$$	$$$	$$$	$$$	$$$	$$$	B23
		Claim Total	$$$	$$$	$$$	$$$	$$$	$$$	$$$	

HELPFUL TIP

It's a good idea to have an online account with your insurance carrier so you can access EOBs, look up providers, review plan benefits/coverage and more. If you need help setting up your account, logging in or finding your information, contact your carrier.

1. **Service Description** is a description of the health care services you received, like a medical visit, lab tests, screenings, surgery or lab tests.
2. **Provider Charges** is the amount your provider bills for your visit.
3. **Allowed Charges** is the amount that your provider will be reimbursed, negotiated between the carrier and the provider (this may not be the same as the Provider Charges).
4. **Paid by Insurer** is the amount your insurance plan will pay to your provider.
5. **Payee** is the person who will receive any reimbursement for over-paying the claim.
6. **What You Owe** is the amount the patient or insurance plan member owes after your insurer has paid. You may have already paid part of this amount, and payments made directly to your provider may not be subtracted from this amount. Wait to receive a bill from your provider before paying for the services.
7. **Remark Code** is a note from the insurance plan that explains more about the costs, charges, and paid amounts for your visit.

Nonstop is not affiliated with your insurance carrier. This, in addition to HIPAA privacy laws, means that we cannot request EOBs or any other documents on your behalf. We can, however, participate in three-way calls with your carrier if you need help requesting an EOB for a particular service.

To learn more about EOBs and how to read them, check your benefits guide.
For specific questions about an EOB, contact your insurance carrier.

If you have any additional questions, comments, or concerns, please reach out to Nonstop Health customer support.

We can be reached by phone at 877.626.6057 or by email at clientsupport@nonstophealth.com.
We are open Monday-Friday, 6am-5pm Pacific Time and we're always happy to help!