

How a Claim is Processed

Member visits health care provider.

Member shows both Primary Insurance ID card and ClaimLinx Secondary ID card.

Health care provider submits bill to primary insurance carrier.

Primary insurance carrier determines coverage.

Primary insurance carrier sends Explanation of Benefits (EOB) to health care provider and member.

Health care provider or member submits claim, bill and/or primary carrier EOB to be processed for secondary coverage.

ClaimLinx determines Medical Expense Reimbursement Plan (MERP) coverage.


ClaimLinx submits balance to Employer for applicable MERP benefit.

Employer pays ClaimLinx for balance left on member's claim.

ClaimLinx sends payment to health care provider.

Member receives an EOB from ClaimLinx.

Member pays any remaining balance on claim, indicated on ClaimLinx EOB and billed by provider.

 ClaimLinx sends high dollar claims to third party Medical Cost Advocate for review.



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