



# Long-term care insurance claims process

The process for long-term care insurance claims is different from health insurance or other coverages. To help you understand how we work together to make sure your claim is processed correctly, here's what you need to know. Remember, the fastest way to begin the claim process is online.

	You	We
<b>1 Determine initial benefit eligibility</b>	Start the initiation process online. When necessary, the insured participates in a clinical assessment. If you are unable to go online, please call us to receive a paper Claim kit in the mail.	Review your information then make the benefit eligibility decision according to the clinical assessment or other clinical resources.
<b>2 Establish provider eligibility</b>	Submit your provider's information (name, address, phone).	Determine your eligibility according to policy requirements by requesting licenses or utilizing various provider databases. If benefit and provider eligibility are established, your claim is approved.
<b>3 Meet elimination period and process reimbursement</b>	Refer to your policy to learn how to satisfy your elimination or qualification period and when to start submitting invoices (including Medicare UB04) from approved providers for reimbursement for covered long-term care services. Submit invoices monthly after care has been provided. Don't forget to sign up for direct deposit.  <b>Note:</b> Advanced facility bills are no longer accepted.	Process your submitted invoices on your claim and determine when you will begin receiving reimbursements for covered long-term care services, subject to your policy's elimination qualification periods.
<b>4 Ongoing eligibility review</b>	Participate in any benefit eligibility assessments when necessary and keep us informed of new providers.	Continue to determine benefit eligibility by reviewing clinical and provider information.



## Processing time

From the time we receive your completed Intake kit to when a decision for benefit eligibility is made:

**40 business days or less.**

Once an invoice on your approved claim is received, your explanation of benefits (EOB) arrives in: **15 business days or less.**



## Register online!

You can manage your claim, review your benefit details, and submit invoices quickly, easily, and securely.

Visit [johnhancock.com/ltc](http://johnhancock.com/ltc) to get started.