

Guide to Service Provider Payment – Home Care

We will only pay invoices for approved providers. Charges are not reimbursable if services were provided from an unapproved provider. To initiate payment to your service provider(s), follow these steps:

1. Submit

- Submit invoices for all services received, including invoices for services provided during the waiting period, elimination period, or deductible period, according to your coverage.
- All invoices must be typed and on the approved provider's letterhead.
- The insured's name must be listed on invoice.
- The charges should be itemized (including dates of service, type of service, hours worked with hourly or daily charges).
- Please submit the agency's timesheets with the invoice.
- Please do not submit invoices until after you've received service, even if you've prepaid. We do not accept invoices until after services have been received.
- If payment has been made by Medicare, and the waiting period has not been met, MetLife accepts UB04 forms that lists the dates of service and types of care.

2. Return

Submit all forms and documents to:
MetLife Long-Term Care Claims
P.O. Box 14407
Lexington, KY 40512-4633
Fax: 1-866-722-1180
Email: longtermcareclaims@metlife.com

What will happen after we receive your invoice

Payment is generally processed within ten business days after we receive complete invoices as described above.

For questions related to provider changes/additions, benefit payments, invoices, return of premiums, waiting period, direct deposit and billing questions, please contact a customer service representative at 1-888-687-0977. You can also visit www.metlife.com/ltc for direct access to important forms, documents, resources and answers to your frequently asked questions.

MetLife Home Care Agency*Company Slogan*

P.O Box 14407
 Lexington, KY 14407
 Ph: 1-888-687-0977
 Fax: 1-866-722-1180

INVOICE

INVOICE #100
 DATE: 01/01/2021 TO 01/10/2021

TO:

John Doe
 c/o John Doe's Legal Representative
 123 Anywhere Street
 Any town, Any State 12345

COMMENTS OR SPECIAL INSTRUCTIONS:

This is regarding home care services for John Doe. Insured went to the Emergency room 1/3/2021 but did not stay overnight.

INSURED	INVOICE #	REQUISITIONER	SENT VIA	DATE SENT	TERMS
John Doe	100	MetLife HC	Fax	1/15/2021	Due on receipt

DATE OF SERVICE	DESCRIPTION OF SERVICE	FEE PER HR	TOTAL
01/01/2021	Personal care 7 a.m. to 3 p.m. (8)	\$15	\$120
01/02/2021	Personal care 7 a.m. to 3 p.m. (8)	\$15	\$120
01/03/2021	RN visit (went to ER at 4 p.m.) Flat fee	\$125	\$125
01/03/2021	Personal Care 7 a.m. to 3 p.m. (8)	\$15	\$120
01/05/2021	Personal Care 7 a.m. to 3 p.m. (8)	\$15	\$120
01/07/2021	Personal Care 7 a.m. to 3 p.m. (8)	\$15	\$120
01/07/2021	RN Visit Flat fee	\$125	\$125
01/08/2021	Personal care 7 a.m. to 3 p.m. (8)	\$15	\$120
01/09/2021	Personal Care 7 a.m. to 3 p.m. (8)	\$15	\$120
01/10/2021	Personal Care 7 a.m. to 4 p.m. (9h), OT 1hr @\$22.50	\$15	\$142.50
SUBTOTAL			\$1232.50
SALES TAX 6.5%			0
TOTAL DUE			1232.50

Make all checks payable to MetLife Home Care Agency.

If you have any questions concerning this invoice, contact: Your Name at Phone or Email.

THANK YOU FOR YOUR BUSINESS!