



Medical DMR

Judi Health follows a similar process to other health plans to manage Member Reimbursement claims. Member submitted claims should be leveraged when you have been billed upfront by a provider. Submission of these claims to Judi Health does not guarantee reimbursement.

If you have received a bill for a claim you have not yet paid, please reach out to our customer care team at 1-833-599-1020. Only claims that have been paid out-of-pocket can be reimbursed.

Before you submit your claim, **please ensure that the document has the below information**. If any information is missing, we will not be able to process the claim and will reach out to you and the provider to get additional documentation.

Medical DMR - Required Information

- **Provider letterhead:** This should be a logo or name of the provider or facility where you received care.
- **Provider information:**
 - Name of the provider (MD, RN, or facility)
 - Provider NPI and TIN (this is a number that allows us to validate the provider's credentials)
 - Provider Address
- **Patient date of birth**
- **Date(s) of service**
- **Place of Service (POS) code:** This is a 2-digit code (e.g., 02) that allows us to ensure the correct rates are billed based on the facility type (e.g., ER, Urgent care, office).
- **Diagnosis (ICD-10) code:** There may be more than one- this allows us to map to the proper benefit (e.g., Preventive Care) – ICD-10 codes will look something like R06.02.
- **Procedure (CPT) code:** There may be more than one - this is used along with the diagnosis code to identify the correct benefit, and identifies the specific care received (e.g., Flu Shot) – CPT codes will look like 90658.
- **Billed charges:** For each procedure code, there should be a separate line item that tells us what the provider billed for each procedure.
- **Paid Amount(s):** At the bottom of the list of procedure lines with the billed charges, there should also be a paid amount (what you paid the provider), this allows us to calculate what should be reimbursed.

Once you have confirmed the information is present, please send a copy of your bill to one of the locations below. Please note that while we implement reasonable safeguards to protect your protected health information (PHI) sent through email, there is some risk your PHI could be read or otherwise accessed while in transit. If you prefer, you may instead mail or fax your information. Complete superbills can be sent to:

Email: claims@judihealth.com

Fax: 833-FAX-JHLT (329-5458)

Mail: Judi Health Attn: Claims Dept 9450 SW Gemini Dr., #87234 Beaverton, OR 97008