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Long Term Care Insurance Tips: Claims

Things to consider when it's time to submit a claim

This article focuses on what to do if you think it's time to submit a claim to your Long Term Care Insurance Company.

Step 1: Read the policy

Look at your policy to make sure you understand when the policy will consider a claim eligible for payment. In general, a person must be "chronically ill" and the duration of the illness is expected to last for 90 days or more. Most policies issued after January 1, 1997 use a standard definition for "chronically ill." If your policy was issued prior to 1997, it is important to review definitions in your policy as well as track any changes to the policy since its original issue date.

Step 2: What activities are impaired?

Your policy will list the types of activities that must be impaired as well as how many of those activities must be affected in order for a claim to be considered payable.

Step 3: Physician certification

Your physician will need to certify that you are chronically ill and that the illness is expected to last longer than 90 days. Talk with your physician to verify that your doctor thinks you'll meet the chronically ill definition. Your insurance company will want to request medical records and perhaps have another clinician evaluate your condition.

Step 4: Filing the claim

You, or a trusted representative on your behalf, should call your Long Term Care Insurance Company to open a claim and begin the process. File the claim as soon as you meet the eligibility definition rather than waiting until after the elimination period. The initial claim application and corresponding paperwork can take some time.

Step 5: Ongoing claim submission and monitoring

Make sure you have a trusted family member, friend, or representative who can help you file claims and monitor ongoing bills and payments. The paperwork can be extensive and you may not feel up to managing the coordination of phone calls and documents.