FILING A CLAIM

Filing a claim is done by (in order of preference) Easy Upload online, fax, or mail. Fill out the basic HCFA 1500 form or dental form use the upload features available, fax to ManhattanLife at (713)-583-0677, or mail to: Claims Department, PO Box 925309, Houston, TX 77292-2728

ONLINE CLAIM SUBMISSION

To file a claim online:

- Scan the completed HCFA claim form and save it to your computer
- Go to <u>www.ManhattanLife.com</u>
- Click on File a Claim (top right)



- Click on Easy Form Upload



Missouri Optometric Association

- Click on Easy Form Upload "Begin" button



- You will need the policyholder number, the number has eight digits (ie: 72-XXXXXX) but **ONLY** enter the last six digits into the box
- The zip code of the policyholder is entered into the appropriate box
- Click on "Next"



- Click circle by "Claims"
- Click on "Next"



- Click the button that says "Choose a PDF File", this should be the HCFA file on the policyholder.
- Click on "Next" button and this will upload the file
- You will receive a message "Upload Successful" when process is complete



