



FAQs: Getting the most from your benefits.

Whom do I contact if I have questions about my policy, benefits or claim status?

Contact the Customer Service team at customerservice@tiecare.com for general inquiries, including questions about your policy, benefits or claim status.

How do I know if my services require Pre-authorization?

Your policy has requirements regarding certain services and obtaining Pre-authorization. Obtaining prior authorization ensures that you are receiving appropriate treatment and that billing arrangements with your provider/facility have been confirmed.

By contacting TieCare Assist, you can expedite service and possibly avoid additional payment or penalties.

Contact information for TieCare Assist is listed below.

How can I submit my claims for services to receive reimbursement?

First, look for direct-bill providers in your area, to avoid the need to pay and claim. TieCare's online provider directory is available at TieCare.com/ProviderSearch. In the event that a direct-bill provider is unavailable and you end up paying for services, the fastest and simplest way to submit your claim is filing online, at www.TieCare.com. Log in to the Member Services Portal to submit your claim, and you will receive a confirmation email once it has been successfully submitted.

I submitted my claim form and received a response that asked me to complete a questionnaire for additional information. Why is this questionnaire necessary?

Every claim is unique and during the claim adjudication process it may be determined that additional information is required to process the claim. Complete and submit the online Questionnaire, or download the Questionnaire and submit it to customerservice@tiecare.com.

Note: Completing the questionnaire thoroughly and returning in a timely manner will avoid delay during processing of your claim.

I want to view my processed and past claims history. How do I access my Explanation of Benefits (EOB)?

You can access your claims history online at www.TieCare.com. Log in to the Member Services Portal to access your claims history. In addition to reviewing your claims history, you will be able to download your EOB to your computer.

Note: Only processed, denied or pending for additional information claims can be viewed online. You can check on the status of claims that have been recently submitted and not yet processed by emailing customerservice@tiecare.com.

What if I do not agree with the outcome of a claim or other benefits issues?

First, review your claim outcome and policy to ensure your claim should have been covered. If you still do not agree with the processing decision on a claim or benefit, you have the opportunity to formally appeal this decision through an Appeals Form and have it reviewed by the Appeals Department.

Complete and submit the online Appeals Form at the Member Portal or download the Form and email it to customerservice@tiecare.com.

In the event that I submit a claim, what are my payment options available for reimbursement?

EFT (electronic funds transfer):

Direct deposit into a bank in the U.S. On all U.S. bank deposits, the account must match the Primary Insured, as ICS uses the name of the Primary Insured when issuing benefits.

Wire Transfer: For non-U.S. accounts. TieCare does not charge a sending fee for this option, but some banks will charge the member a receiving fee. Members should check their local bank for details.

Check: Simple to deposit into U.S. and non-U.S. accounts. This can be noted by selecting the preferred address in the Payment Type section of the claim form.

24/7 MEMBER SUPPORT

USA/Canada Toll-Free: +1-855-6TIECARE (6843-2273)
Worldwide Collect: +1-786-814-40TC (4082)
Korea Toll-Free: +00-308-13-2726
customerservice@tiecare.com
assist@tiecare.com

Claims Submission

Mail to: Claims Department
PO BOX 211008
EAGAN, MN 55121
Email: eclaims@tiecare.com
Fax: +1.949.916.7943

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