

Guide to Service Provider Payment - Facility

Metropolitan Life Insurance Company

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

SECTION 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.
 - Your name must be listed on invoice.
 - Dates of service or invoiced month should be listed on the invoice.
 - Room and board and other expenses should be broken out by charge.
- If services were provided by an Assisted Living Facility, please submit:
 - Your agreement with the Assisted Living Facility, if not previously provided.
 - The Assisted Living Facility's fee schedule.
- 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, MetLife accepts UB04 forms as well as Medicare Explanation of Benefits.
- Please complete a transfer date, unless proceeds should be transferred immediately.
- Any hospitalizations should be communicated to us as soon as possible and should be noted on the invoice.

SECTION 2: What will happen after we receive your invoice

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

SECTION 3: How to submit this form

Submit all forms and documents to:

Mail:

MetLife
Long Term Care Claims
PO Box 14407
Lexington, KY 40512-4633

Fax:

866-722-1180

Email:

longtermcareclaims@metlife.com

INVOICE



Logo
Name

DATE
01/01/2021

INVOICE NO
123456

**MetLife Nursing and Assisted
Living Facilities**
P.O. Box 14407
Lexington, KY
Ph: 1-888-687-0977
Fax: 1-866-722-1180
longtermcareclaims@metlife.com

John Doe
123 4th St
Alf, NH 00000

JOHN DOE	RESIDENT	PAYMENT TERMS	DUE 1/5/21
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Due on Receipt

MONTH	DESCRIPTION	UNIT PRICE	LINE TOTAL
January 2021	Room & Board	\$100	\$3100
January 2021	Level of Care 2	\$20	\$620
January 2021	Medication Management	\$15	\$465
January 2021	Incontinence Management	\$10	\$310

Subtotal	\$4495
Sales Tax	\$0
Total	\$4495