



Surest
P.O. Box 211758
Eagan, MN 55121

Surest claim form

Complete this form and submit your claim(s) on your own.

Two quick questions:

Q: Is the provider you used submitting your claim(s) on your behalf?

YES. Great! We look forward to receiving it.
(No further action is necessary.)

NO. Please use this form to submit your claim(s).

Q: If you answered “No” on the left, do you have a copy of the provider’s bill?

YES. Be sure to include a copy (or copies) with this completed form.

NO. Contact the provider and ask for a copy of the receipt(s) and/or invoice(s). We’ll need it to process this claim.

Note: If the claim is for an in-network provider, we are contractually obligated to send claim payments to the provider.

If the provider is in the United States:

1. Make sure the provider’s invoice includes:

- Patient name
 - Date of service
 - Place of service code
 - Type of service
 - Procedure codes (CPT, HCPC) with any applicable modifiers
 - Units for each procedure code
2. Attach your receipt(s) and/or invoice for the service or supply.
3. Submit a separate copy of this form for each provider and each type of service and procedure code.

- Billed amount for each procedure code
 - Diagnosis codes
 - Charges for each service (or total charges if bundled)
 - Billing and/or rendering provider: first and last name and NPI, address information, provider’s TIN and signature, and the date

If the provider is outside the United States:

1. Complete the form on the other side of this page.

2. Attach the itemized claim (in English) with the currency exchange rate for the date the services or supplies were received.

3. Attach medical records related to the claim.

4. Attach proof of payment to the provider for the services rendered.

If you’re submitting for doula services:

1. Please include the doula certificate along with the invoice.

2. If payment was bundled for multiple services, include this amount as “total charged”.

3. Please use the codes below for procedure/service and diagnosis code. Where indicated for Provider Information, please enter Tax ID Number (TIN) and National Provider Identifier (NPI).

Type of service	CPT/HCPCS code	Diagnosis code	TIN	NPI
Labor and delivery visit or prenatal/postpartum visit	T1033	Z34.90	123456789	2020101501386

Mail the completed form with your receipt(s) and/or invoice:

Surest
P.O. Box 211758
Eagan, MN 55121

Payer: Surest
Payer ID: 25463



Questions?
Contact Surest Member Services at 866-683-6440.

Thanks for choosing the Surest plan.

surest.

Member signature: I certify that the information provided on this form is correct to the best of my knowledge.	
SIGNED	DATE (MM/DD/YYYY)