



How to File IHS Claims

In order to have your claims processed **timely, accurately and without delays**, please review the following tips with your staff and post this flier.

1) Include the following documents when submitting claims to the FI:

- **Submit a Purchase Delivery Order (PDO)**

- ✓ Patient's name on the PDO must be an exact match to name on claim.
- ✓ Provider's EIN and billing address on PDO must be an exact match to claim.
- ✓ If approved for paperless PDOs, write the PDO number as follows:
 - In box 23 of a CMS-1500 form
 - In box 63 of a CMS-1450 form
 - In box 35 of an ADA form

- **Submit a Claim Form (CMS-1450, CMS-1500, ADA)**

- ✓ All claims must be complete and legible. Missing, invalid, or illegible dates of service, codes, charges, bill type, and other claim information may result in payment delays.
- ✓ Submit all related charges with the original PDO. Additional/late charges require that you contact the IHS Service Unit for a new PDO.

- **Submit a final (not interim denial), legible Explanation of Benefits from every insurance carrier (patient's insurance is indicated on PDO)**

- ✓ Total charges on the EOB must match total charges on the claim.
- ✓ Patient's name on the EOB must match patient's name on the claim.
- ✓ The date(s) of service on the EOB must match the date(s) of service on the claim.
- ✓ The denial/remark code descriptions are required by the FI. If they are missing or illegible, payment may be delayed until this information is received.
- ✓ Provider must submit additional information to the carrier, the Service Unit, and/or the FI as required for denials.

2) Mail the packet to the address at the top of this form. **Do not fax claims** – faxed copies are often illegible, which may cause delays in processing.

3) Submit a W9 form with the claim if you have never filed a claim with the FI.

