

Surest
P.O. Box 211758
Eagan, MN 55121

Surest out-of-network claim form

Complete this form and submit your claim(s) if you utilized a provider outside of the Surest network.

Two quick questions:

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

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

NO. Use this form to submit your claim(s).

Q: If you answered “No” on the left, do you have a copy of the out-of-network 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. We’ll need it to process this claim.

If the provider is outside the Surest network and 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
 - 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.
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.

If the provider is outside the Surest network and 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.

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

Surest
P.O. Box 211758
Eagan, MN 55121

Payer: Surest
Payer ID: 25463

Questions?

Contact Surest Member
Services at 1-866-683-6440.



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.