

How to help your senior with their Long Term Care Insurance Claim

1. Determine if the senior has:
 - A Long Term Care Insurance policy
 - Life insurance with a long term care rider
 - Annuity contract with a long term care rider/clause
2. If yes, tell the family you have a trusted partner (FSC) who can help determine what care setting these highly confusing policies will cover and the likelihood of collecting payment. This policy review is done by claims experts at no charge.
3. Refer the senior/family through the Senior Living Smart Resource Page at www.familysolutionsforcare.com/ltla
4. FSC will contact the referring party within 24 hours to understand the current situation and any other pertinent information.
5. FSC will contact the family to get a copy of the long term care policy for review.
6. FSC will review approximately 50 data points in the policy to understand what it will cover and under what circumstances as well as the likelihood of payment.
7. Once reviewed, FSC will contact the family to discuss the results of the analysis.
8. At the family's discretion, they may also contract with FSC to completely handle the claim and all communication with the insurance company and all healthcare providers. FSC's expertise greatly increases the probability of receiving the maximum benefit and eliminates the possibility of mistakes or misfiling.
9. To proceed, FSC will obtain a limited power of attorney and execute a HIPAA document with the family. It is important to never file a claim until the policy is fully understood.
10. FSC will then obtain all the medical records and other related information to submit the initial claim. We will work with the family to lookback 24 months to identify any possible medical events or care received that could trigger the start of benefits retroactively and to satisfy the elimination period to reduce the claimant's out of pocket expenses.
11. FSC claimants typically receive an average of \$23,000 payment in their first check.

12. The claimant and family never have to worry about misfiled claims, reduced coverage, or being denied at recertification due to mistakes in the process.