



CLAIMS PROCESS

- Member has a non-emergent situation
- When employees contact KISx, they will speak to a member on our nursing team, who will open a patient case
- The same nurse that opens the case will follow the employee throughout the entire KISx experience
- After receiving call from employee, KISx will utilize contact at the TPA or the employer to verify eligibility on the health care plan and if the member is on an HSA plan, what the YTD satisfaction is
- The KISx nurse will work to understand the surgical/imaging need, provide facility options to the employee, schedule their appointments (either personally or through one of our scheduling vendors), and ultimately engage in a post-procedure follow up
- Funding of surgery: 2 weeks prior to the surgery, KISx will provide you with our surgery voucher (sample attached) to include the date of service, request a pull of funds, and if the member did provide any first dollar coverage monies, we will alert you how much to rebate the member
 - KISx receives funding for the claim
 - KISx receives claim from provider
 - KISx satisfies payment of claim directly to provider
 - KISx converts claim to a no-pay claim
 - KISx submits no-pay claim to integrated TPA or provide Stop Loss reporting to the broker
- Funding of imaging: Once KISx receives the claim from the provider, KISx will provide you with a copy of the claim, request a pull of funds, and if the member did provide any first dollar coverage monies, we will alert you how much to rebate the member
 - KISx receives funding for the claim
 - KISx satisfies payment of claim directly to provider
 - KISx converts claim to a no-pay claim
 - KISx submits no-pay claim to integrated TPA or provide Stop Loss reporting to the broker
- KISx currently partners with 36 TPA's across the country. If the employer group has a TPA that is currently not partnering with KISx, we will provide a quarterly stop loss report to the broker that is able to be forwarded to the employer's stop loss agency so that all KISx Card claims are integrated into the stop loss report



Initial Visit Facility Voucher

Patient Information

BookingID:

AppointmentDate:

Status:

MemberFirstName:

MemberLastName:

Case/CERT/CLMT:

Case No:

MemberTelephoneNumber:

MemberEmailAddress:

Address1:

City:

State:

Zipcode:

AdditionalBookingNotes:

Facility Information

FacilityName:

FacilityAddress:

FacilityPhone:

Facility/PractitionerEmail:

| Description | Date | Unit Rate | Qty | Amount(\$) |
|------------------------|------|-----------|-----|------------|
| Procedure Information: | | | | |
| CPT: | | | | |

Prepared By:

Email Address:

Phone number:

Prepared On:

Generated on: