The **Federal** Long Term Care Insurance Program™

Home Care Agency Supplemental Verification Form

Claimant name:	Claimant ID:

Note: All submitted invoices must be legible. Include all pages and provide claimant and provider demographics.

1. Billing period (attach the billing invoice), from ______ / ______ / ______ to ______ / ______ / ______
   (Required: mm/dd/yyyy)
   - Each service date must be listed with the total hours worked per day and charges per day.
   - To ensure accurate reimbursement, charges must start and stop within the same 24-hour period and not carry over into the next day.
2. If credits and/or discounts are listed on the invoice, describe the reason and service dates they apply to:
   ____
3. If you're billing for overtime pay, ensure it's clearly applied to each relevant service date or provide an explanation below:
   ____
4. Indicate the reason for any fee(s) being charged:
   ____
5. Is the invoice a joint invoice submitted on behalf of the claimant and their spouse or other family member who is also in a claim? ☐ Yes ☐ No

   If yes, ensure the invoice indicates which charges are for the claimant and which charges are for the spouse or family member.
6. Is Medicare or other insurance providing benefits for services during this period? ☐ Yes ☐ No

   Yes, Medicare. Provide the dates of 100% coverage, coinsurance coverage, or private pay:
   ____

   Yes, other insurance. Provide the date(s) coverage started with corresponding explanations of benefits or Veterans Affairs coverage below, if applicable:
   ____

You must submit a copy of the invoice.

Signature (the signatory must be authorized to act on behalf of the home care agency)

______________________________ **Date signed** ______ / ______ / ______
(Required) (Required: mm/dd/yyyy)

Printed name

First name ______________ Last name ______________

Home care agency name

____

Phone number ___ - ___ - ____ Email address ______________________________

Please return the completed form by fax to **1-866-513-2674** or by mail to **FLTCIP, Attn: FedPoint, P.O. Box 797, Greenland, NH 03840-0797**.

The Federal Long Term Care Insurance Program is sponsored by the U.S. Office of Personnel Management, insured by John Hancock Life & Health Insurance Company, under a group long term care insurance policy, and administered by FedPoint®. FedPoint is the trade name of Long Term Care Partners, LLC®.

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