

# MASA MTS CLAIM INSTRUCTIONS AND BENEFIT GUIDE

## GLOBAL TRANSPORT HOTLINE

24 Hour – Access to Services

**800-643-9023**

*If You Have A Medical Emergency, Please Call 911*

## ACCESS OF SERVICES

- Services rendered under Non-Emergent Air Transportation (HOSPITAL TO HOSPITAL) and Repatriation/Recuperation must be coordinated and/or provided directly by MASA MTS.
- In the event that such Services are not rendered directly by MASA MTS, all requests for post-service payment and/or reimbursement will be denied for violation of the “Access of Services” provision of this Agreement.

### INTERFACILITY-TRANSFERS (HOSPITAL TO HOSPITAL)

- Contact MASA’s Transport Department to schedule all hospital to hospital transfers.
- MASA’s Transport Department will coordinate with the provider.

### REPATRIATION/RECUPERATION

- MASA will arrange Member’s non-emergent, Repatriation/Recuperation transportation, in the event Member is hospitalized in a Medical Facility more than one hundred (100) statute miles from Member’s Residence and Member’s treating physician and MASA MTS’s Medical Director determines it is feasible and medically appropriate to transfer Member to a Medical Facility nearer to Member’s Residence for recuperation. **(Said benefit MUST be coordinated by MASA).**

**NOTE:** All Services under this Agreement are limited to the continental United States, Alaska, Hawaii and Canada, and must originate and conclude therein.

Dependents must be under the age of 26 and live with the Member to qualify for coverage under the Emergent Plus plan.

 **Email:** [claims@masaglobal.com](mailto:claims@masaglobal.com)

 **Fax:** 817-769-2755

 **Mail:**  
MASA  
ATTN: *Transport Department*  
1250 South Pine Island Road Suite #500  
Plantation, FL 33324

 **Transport Dept** 800-643-9023



Any Ground. Any Air. Anywhere.™

## SUBMITTING CLAIMS ONLINE

- Go to [www.masamts.com](http://www.masamts.com)
- Click on “Member Login” located in top right hand corner. Click on Register and enter your member ID number and birthdate and create a password.
- Once you have signed-in then click on the Claims Tab, and then click on “Submit New Claim”.
- Upload the Bill/Invoice and the EOB, if available. Be sure to include your Member number on the bill/invoice.

## NEW CLAIM INSTRUCTIONS

- Submit the bill from the ambulance company to MASA with Member’s MASA number clearly displayed.
- Submit the bill via E-Mail, Fax or Mail.
- Attach the EOB and run notes, if readily available.
- Contact the claims department directly with any questions.

## DOCUMENTS NEEDED BY MASA TO PROCESS A CLAIM

- Bill/Health Insurance Claim Form a/k/a “HICFA”.
- Run notes/Trip notes from provider.
- Explanation of Benefits a/k/a “EOB”.

**NOTE:** *All claims must be submitted to MASA within 180 days of the date of service*

 **Email:** [ambulanceclaims@masaglobal.com](mailto:ambulanceclaims@masaglobal.com)

 **Fax:** 877-681-2399

 **Mail:**  
MASA  
ATTN: *Claims Dept*  
1250 South Pine Island Road Suite #500  
Plantation, FL 33324

 **Claims Dept** 800-643-9023

