

Provider Change Request

Skilled Nursing Facility, Assisted Living Facility, Home
Health Care Agency, Other

Insured/Claimant's Name:	Date of Birth:	Claim Number:
Provider/Facility Name:	Provider/Facility Type: ☐ Assisted Living ☐ Home Health Care ☐ Adult Day Care ☐ Skilled Nursing ☐ Independent Living ☐ Memory Care ☐ Other: _____ Date services began (will begin): _____	
Provider/Facility Address:		
City:	State:	Zip Code:
Provider/Facility Phone Number:	Provider/Facility Fax Number:	

Please return the completed form to:

Fax: 414-625-5821

Or

Mail: Northwestern Long Term Care Insurance Company
Claims Administration
PO Box 3230
Milwaukee, WI 53201-3230

Please ask your provider to send us copies of bills on an ongoing basis, so we may evaluate Qualifying Expenses for reimbursement. We are unable to process reimbursements for services that have not been rendered. As a result, please do not submit pre-bills to us, as we cannot reimburse them. Billing statements submitted in advance of the service being rendered must be resubmitted.

If you have any questions, please call LTC Benefits at 1-800-748-9493 ext. 661-0087.



A Northwestern Mutual Company

Insured: _____

Questions? **800-748-9493**

Claim: _____

Provider Instruction Page

Dear Care Provider,

We understand that you are a care provider for a client who has a long-term care insurance policy with our company. This policy provides reimbursement to the policyholder for certain qualified long-term care expenses. To facilitate this reimbursement, we are asking that you provide us with copies of itemized bills for services rendered to the above named insured.

Submission of Duplicate Billing Statements

Please submit duplicate itemized billing statements to us **after** services have been provided, and for the duration of care. The claim number, located at the top of this letter, should be included with all submissions. Bills can be faxed to us at 414-625-5821 or mailed to:

Northwestern Long Term Care Insurance Company
Claims Administration
PO Box 3230
Milwaukee, WI 53201-3230

Important: To protect your confidential information, please be sure to use our email encryption service if you send us your completed claim forms by email. This service can be accessed from the secure email link we sent you. Don't have the link? Please contact us and we will send it to you.

We're Here to Help

Thank you for your assistance in ensuring that we can provide reimbursement in a timely manner. If you have any questions regarding the submission of billing statements, please contact our team of long-term care benefits experts at 800-748-9493, extension 6610087.

Client Services
Northwestern Long Term Care Insurance Company