



# Guidelines to submitting proof of payment

John Hancock requires that proof of payment be submitted with your invoices when requesting reimbursement for approved long-term care expenses. To help avoid potential delays, please refer to the following guidelines.

## Key reminders

- Payments made in cash cannot be verified and are not reimbursable. This includes checks written to cash.
- If you are providing documentation (e.g., cashed/deposited checks, banking transactions, etc.) that includes information that does not pertain to the reimbursement, you may redact (i.e., cross out or blur) any irrelevant details.
- Submitting invalid or inadequate proof of payment, whether paid to the wrong party, an invalid payment method, or lacking information, may result in delay, denial or revocation of reimbursement.
- Discrepancies between the invoice amount and supporting proof of payment may cause processing delays
- Payment date must be on or after the last date of service for reimbursement.



## Using an Independent Care Provider (ICP)?

If you receive care by an ICP, proof of payment is not required as long as your ICP is using the CareGiver mobile app with location services turned on.

Learn more at [johnhancock.com/caregiverapp](https://johnhancock.com/caregiverapp).

# Acceptable documents

The following list are acceptable forms of payment. Please note that your payment must be a completed transaction (i.e., not pending) and **must clearly include the name of the provider to whom the payment was made** as well as **the name of the individual who made the payment**.

- Cashed or deposited checks
- Bank cashier’s checks
- Credit Card/ Bank Statements
- Evidence of electronic transactions (e.g., Venmo, Paypal, Zelle)
- Original money order, in entirety
- Copies of tax documentation filed under state or federal law documentation, including documentation related to tax withholding, if applicable.

If the home health care agency invoice shows proof of payment (as outlined above) and the proof of payment corresponds to the dates of service in your reimbursement request, then no additional documentation is required.

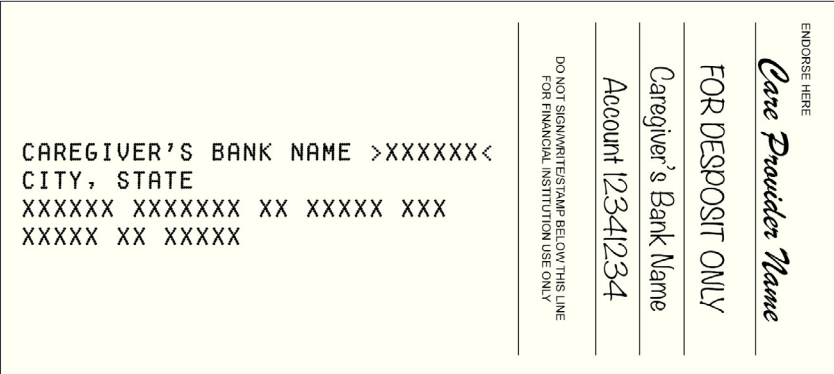
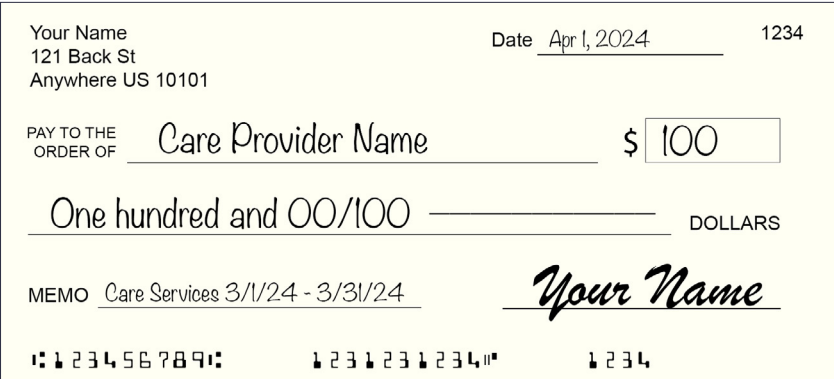
# Examples

Refer to the following examples of what acceptable proof of payment should look like.

## Cashed or deposited checks

Submit the front (and back, when available) of the deposited/cashed check, clearly showing the check being made payable to caregiver. The image must include the transaction details, and can usually be found in on bank statement.

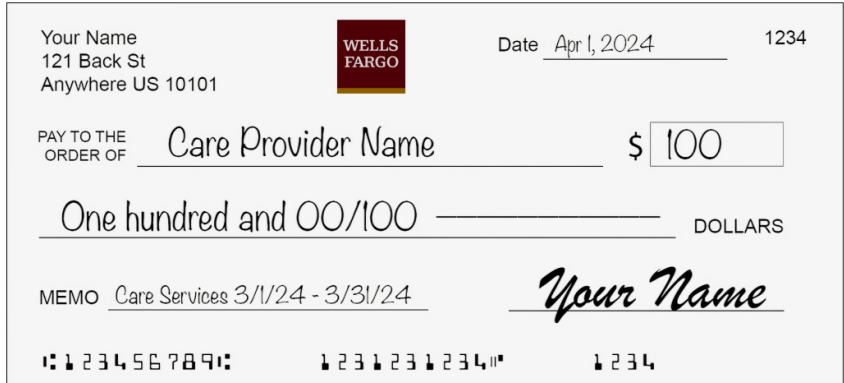
**Reminder:** checks may not be written out to cash.



## WELLS FARGO

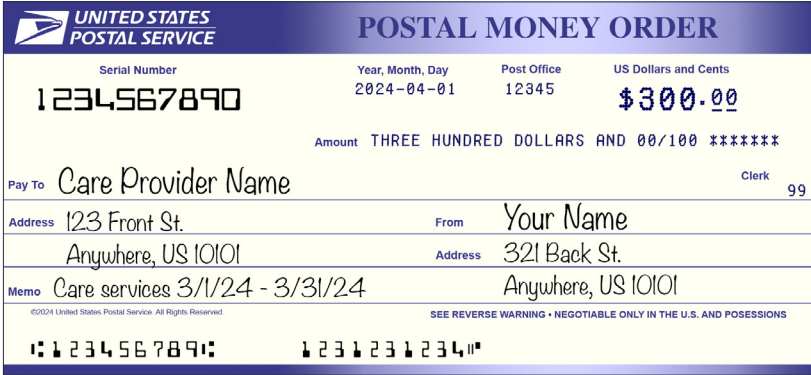
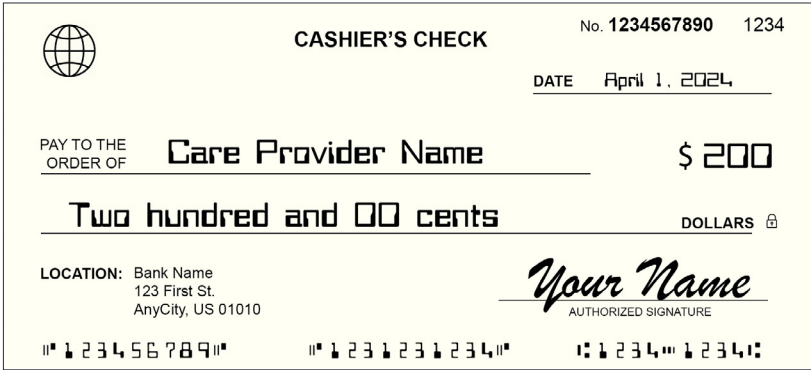
### Everyday Chkg ...0586 : Account Activity

Transaction Details	
Posting Date	April 2, 2024
Description	Check Image
Type	Check
Status	Cleared
Check #	1234
Amount	-\$100.00
Merchant Name	Check Image
Transaction Category	Cash, Checks & Misc: Checks



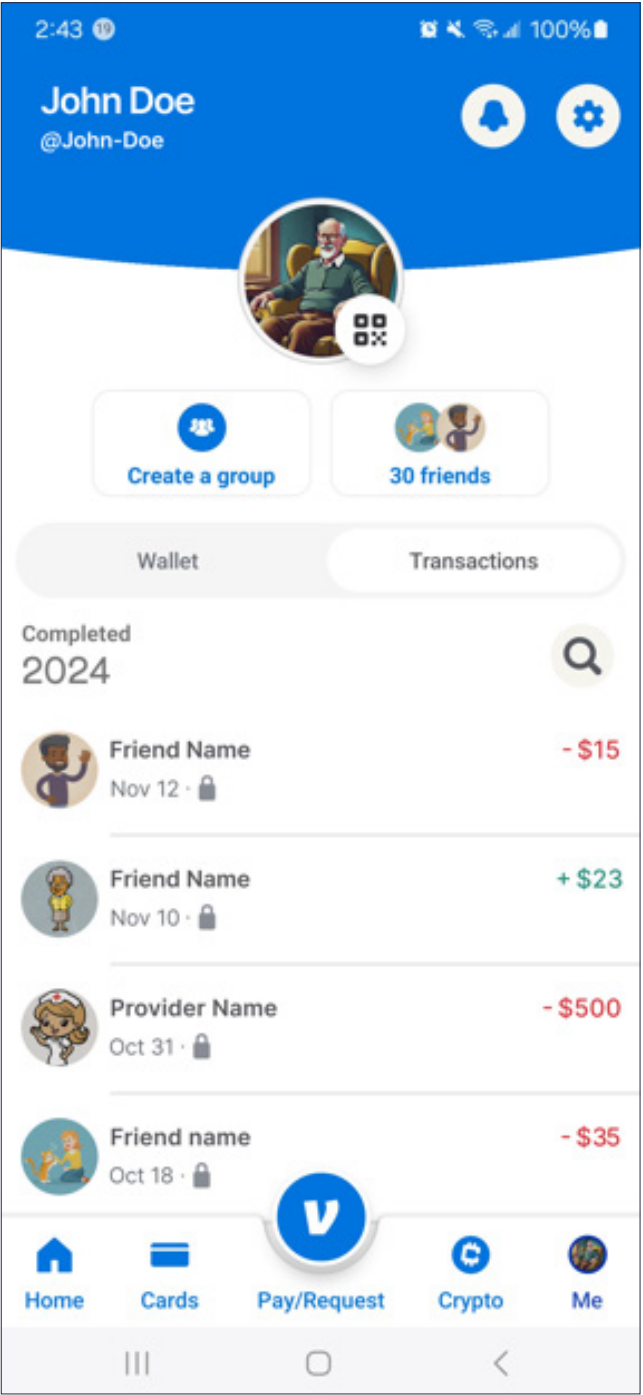
## Cashier's check or money order

Complete, clear image of the front of the check/ money order made out to the care provider.



## Electronic payments/transfers

Includes transactions made throughs Venmo, PayPal, and Zelle.



## Credit card/bank statements

Includes documents that show payment details made to your Long-Term Care provider.

**American Express Platinum Card**  
 ELENA SMITH  
 Closing Date 10/04/2024  
 Account Ending 1-23456

New Balance	\$2492.89
Minimum Payment Due	\$49.89
Payment Due Date	10/31/24

**Payments and Credits**

Date	Description	Merchant	State	Amount
09/22/24	SHELL SERVICE STATION 12345678	BOSTON	MA	\$47.80
09/23/24	RIGHT AT HOME ELDER SERVICES ABC1234567 ELENA SMITH	BOSTON	MA	\$1688.32
09/23/24	AplPay CHEWY #12345	chewy.com	CA	\$102.16
09/24/24	COMCAST #12345	BOSTON	MA	\$70.00
09/24/24	UBER EATS	ubereats.com	CA	\$58.91
09/26/24	UBER EATS	ubereats.com	CA	\$81.25
09/26/24	AT&T MOBILE	BROOKHAVEN	GA	\$58.91
09/26/24	COSTCO WHOLESALE #ABCDEFG	EVERETT	MA	\$236.40
09/26/24	TRADER JOE'S	SOMERVILLE	MA	\$41.32
09/28/24	INSTACART	instacart.com	CA	\$26.33
09/29/24	BACK BAY GARAGE 0000	BOSTON	MA	\$22.00

Continued on next page

# Invoice reflects proof of payment details

Shows detailed information of the payment made to your Long-Term care provider.

## What makes this proof of payment acceptable?

It includes the following details:


1. We can see who made the payment: It is Elena Smith.
2. We can see the method of payment: Here is a VISA ending in 1234.
3. We can see the amount of the invoice matches the amount of the proof of payment: Both are \$2135.25.
4. We can see the payment date is on or after the last date of the service bill.

**\*IMPORTANT:** An acceptable proof of payment on an invoice must have all four points of data present.

If your document only has the word "PAID"/ an image of a stamp saying "PAID", that is not acceptable proof of payment.

### Home Care Agency

Pine St ,Boston, MA 12345  
Receipt Number: #12345678-012



<b>Bill To</b>	<b>Amount Due</b>	<b>\$2135.25</b>
<b>Elena Smith</b>	<b>Client</b>	<b>Elena Smith</b>
<b>esmith012@gmail.com</b>	<b>Invoice Date</b>	<b>09/30/2024</b>
<b>9029 Salt Lake, Mandalor</b>	<b>Due Date</b>	<b>Due Upon Receipt</b>
<b>(+254) 724-453-233</b>	<b>From</b>	<b>9/26/2024 To 09/30/2024</b>

<b>Amount Paid</b>	<b>3</b>	<b>\$2135.25</b>
<b>Payment</b>	<b>2</b>	<b>Visa Ending In 1234</b>
<b>Payment Date</b>	<b>4</b>	<b>09/30/2024</b>
<b>Paid By</b>	<b>1</b>	<b>Elena Smith</b>

Description	Quantity	Type	Rate	Amount
9/26/24 7:56am - 6:41pm Laura	10.75 hrs	Regular	\$39.00/hr	\$ 419.25
9/27/24 6:50am - 6:50pm Laura	12 hrs	Regular	\$39.00/hr	\$ 468.00
9/28/24 7:54am - 6:54pm Laura	11 hrs	Regular	\$39.00/hr	\$ 419.25
9/29/24 7:57am - 6:27pm Laura	10.5 hrs	Regular	\$39.00/hr	\$ 409.50
<b>4</b> 9/30/24 7:53am - 6:38pm Laura	10.75 hrs	Regular	\$39.00/hr	\$ 419.25

<b>Invoice Total</b>	<b>\$2135.25</b>
<b>Paid to date</b>	<b>3</b> <b>(\$2135.25)</b>
<b>Outstanding Balance</b>	<b>\$0.00</b>

#12345678-012
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If you have any questions, you may contact our customer service center by using **Send us a message** function in the **Messages** section of your online account or by calling **800-233-1449, Monday through Friday, 8am to 5pm ET.**

John Hancock reserves the right to request proof of payment at any time in order to verify covered services were received and are eligible for reimbursement.

John Hancock Life and Long-term care insurance products are issued by: John Hancock Life Insurance Company (U.S.A.), Boston, MA 02116 (not licensed in New York); and in New York by John Hancock Life Insurance Company of New York, Valhalla, NY 10595 (Life insurance) and John Hancock Life & Health Insurance Company, Boston, MA 02116 (Long-term care insurance).

MLINY070924203-1