



Facility guide:

Submitting proof of payment

Assisted living and nursing home facilities

John Hancock requires that proof of payment be submitted with your invoices when requesting reimbursement for approved long-term care expenses. This guide explains the acceptable proof of payment documentation that assisted living and nursing home facilities may submit to help avoid potential processing delays.

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 insufficient proof of payment may result in a delay of reimbursement. Examples include payment made to the wrong party, or documentation that does not include the required information.
- Proof of payment must demonstrate that the payment was completed and processed. Pending, scheduled, canceled, or otherwise incomplete transactions are not acceptable.
- With a valid assignment of benefits on file, proof of payment from the provider is not required.

Acceptable proof of payment documentation

The following are acceptable forms of proof of payment documentation. Documents must clearly identify:

- Name of the provider
- Payment amount
- Payment date

Acceptable proof of payment documentation includes:

- Cashed or deposited checks
- Bank cashier’s checks
- Credit card statements
- Bank statements
- Evidence of completed electronic transactions, such as Venmo, PayPal, or Zelle
- Original money orders, shown in their entirety
- Copies of tax documentation filed under state or federal law, including documentation related to tax withholding, if applicable

Facility invoices that clearly show payment has been received and processed are acceptable
(See pages 2 and 3 for examples)

Examples of proof of payment

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

Cashed or deposited checks

You must submit documentation showing that the check was successfully cashed or deposited. This may include a copy of the front and back of the check, a bank-issued check image, or bank transaction details showing the check cleared. Documentation should clearly identify the payee, check amount, and transaction details.

Reminder: The check must have been processed by the financial institution. Pending transactions or copies of uncashed checks are not acceptable proof of payment.

Your Name
121 Back St
Anywhere US 10101

Date Apr 1, 2024

1234

PAY TO THE ORDER OF

Care Provider Name

\$ 100

One hundred and 00/100

DOLLARS

MEMO Care Services 3/1/24 - 3/31/24

Your Name

1 2 3 4 5 6 7 8 9 0

1 2 3 1 2 3 1 2 3 4

1 2 3 4

CAREGIVER'S BANK NAME >XXXXXX<
CITY, STATE
XXXXXX XXXXXXXX XX XXXXX XXX
XXXXXX XX XXXXX

DO NOT SIGN/STAMP BELOW THIS LINE
FOR FINANCIAL INSTITUTION USE ONLY

Account 12341234
Caregiver's Bank Name
FOR DEPOSIT ONLY
Care Provider Name
ENDORSE HERE



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

Your Name
121 Back St
Anywhere US 10101

Date Apr 1, 2024

1234

PAY TO THE ORDER OF

Care Provider Name

\$ 100

One hundred and 00/100

DOLLARS

MEMO Care Services 3/1/24 - 3/31/24

Your Name

1 2 3 4 5 6 7 8 9 0

1 2 3 1 2 3 1 2 3 4

1 2 3 4

WELLS FARGO

CAREGIVER'S BANK NAME >XXXXXX<
CITY, STATE
XXXXXX XXXXXXXX XX XXXXX XXX
XXXXXX XX XXXXX

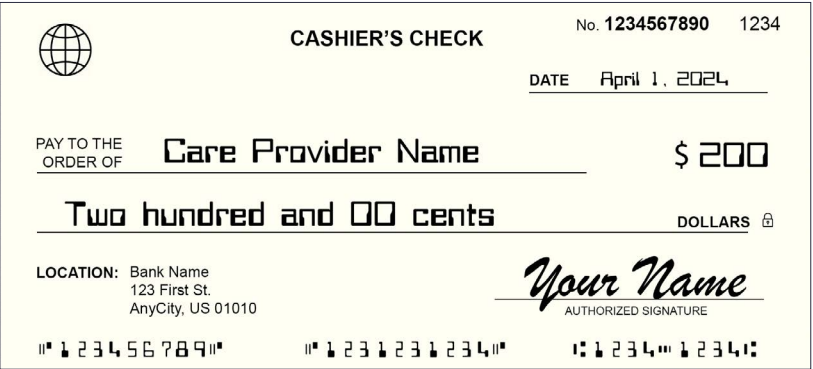
DO NOT SIGN/STAMP BELOW THIS LINE
FOR FINANCIAL INSTITUTION USE ONLY

Account 12341234
Caregiver's Bank Name
FOR DEPOSIT ONLY
Care Provider Name
ENDORSE HERE

Cashier’s check or money order

Submit a copy of the cashier’s check or money order used to make payment to the assisted living facility or nursing home. Documentation must clearly show:

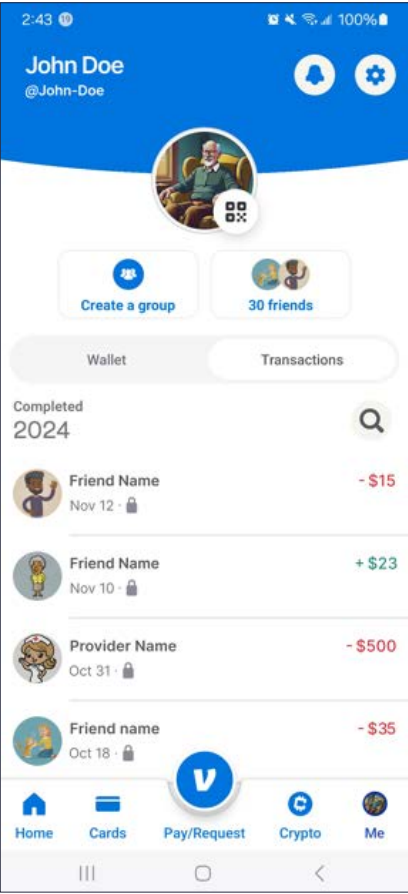
- Facility or payee name
- Payment amount
- Transaction date
- Confirmation that the transaction was completed or posted



Electronic payments/transfers

Documentation submitted must show a completed transaction made through Venmo, PayPal, Zelle, or a similar electronic payment service. The documentation must include:

- Payer’s name
- Facility name or payee
- Payment amount
- Transaction date
- Confirmation that the transaction was completed



Credit card/bank statements

Documentation submitted must include a credit card statement or bank record showing a completed payment to the assisted living facility or nursing home. The documentation must include:

- Facility or payee name
- Payment amount
- Transaction date
- Confirmation that the transaction was completed or posted

AMERICAN EXPRESS

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

Detail

*indicates posting date

				Amount
09/22/24	SHELL SERVICE STATION 12345678 1234567890	BOSTON	MA	\$47.80
09/23/24	RIGHT AT HOME ELDER SERVICES ABC1234567 ELENA SMITH	BOSTON	MA	\$1688.32
09/23/24	ApI Pay CHEWY #12345 1234567890	chewy.com	CA	\$102.16
09/24/24	COMCAST #12345 1234567890 ELENA *SMITH	BOSTON	MA	\$70.00
09/24/24	UBER EATS 1234567890	ubereats.com	CA	\$58.91
09/26/24	UBER EATS 1234567890	ubereats.com	CA	\$81.25
09/26/24	AT&T MOBILE 1234567890	BROOKHAVEN	GA	\$58.91
09/26/24	COSTCO WHOLESALE #ABCDEF	EVERETT	MA	\$236.40
09/26/24	TRADER JOE'S 1234567890	SOMERVILLE	MA	\$41.32
09/28/24	INSTACART 1234567890	instacart.com	CA	\$26.33
09/29/24	BACK BAY GARAGE 0000 1234567890	BOSTON	MA	\$22.00

Continued on next page

Assisted Living Facility Invoice

Maple Grove Assisted Living
123 Main Street
Boston, MA 02116
Phone: (555) 123-4567

Statement Date: 7/1/2026
Invoice Number: ALF-06012026-001

Resident Name: [Resident Name]	Resident ID: [Resident ID]
Billing Period: June 1, 2026 - June 30, 2026	Account Number: [Account Number]

Description of Charges

Date	Description	Amount
June 1, 2026	Assisted Living Suite (June 1 - June 30, 2026)	\$6,000.00
June 1, 2026	Care Services Level 2 (June 1 - June 30, 2026)	\$1,200.00
June 6, 2026	Payment Received ACH	(\$7,200.00)
June 19, 2026	Credit - Care Services Level 2 Adjustment (June 19 - June 23, 2026)	(\$200.00)
June 3, 2026	Personal care supplies	\$125.00
June 10, 2026	Hair salon / grooming services	\$75.00
June 12, 2026	Cable television service	\$60.00
June 18, 2026	Guest meals	\$45.00
June 22, 2026	Transportation for personal errands	\$150.00
June 25, 2026	Laundry service - personal items	\$90.00

Invoice Summary

Charges and Adjustments Total	\$7,545.00
Room and Board AL (July 1 - July 31, 2026)	\$6,300.00
Care Services Level 2 (July 1 - July 31, 2026)	\$1,240.00
Payment Received ACH on 6/6/2026	(\$7,200.00)
Balance Due	\$7,885.00

Comments

- Hospitalized 6/19 - 6/23.

Sample Invoice: This invoice is a generic sample for illustrative purposes only.

Sample invoice disclaimer: This invoice is a generic sample provided for illustrative purposes only.

Facility invoices with acceptable proof of payment

If a facility invoice clearly shows that payment has been received and processed, the invoice itself may serve as proof of payment.

To be accepted as proof of payment, the invoice should indicate that the applicable balance has been paid and include:

- Payment date
- Payment amount

In this example, John Hancock can identify that payment for the services was received through ACH. If the invoice does not contain sufficient proof of payment, additional documentation should be attached.

Examples of additional documentation include:

- Bank-processed check
- Payment receipt
- ACH or electronic payment confirmation
- Bank statement showing that the payment was processed



Proof of payment

John Hancock can see that these services were paid. If proof of payment is not on the invoice, you can also attach your proof of payment when submitting your invoice.

Examples that do not qualify as proof of payment

The following examples do not qualify as proof of payment because they do not verify that payment was completed and processed. Additional documentation would be required in order for John Hancock to process the payment.



Invoice without proof of payment

An invoice that only lists charges or an amount due does not demonstrate that payment was made and processed.



“Paid” stamp without supporting documentation

A “Paid” stamp by itself is not proof of payment.



Reminder

Proof of payment must demonstrate that the payment was successfully completed and processed. Documentation that only indicates that payment was expected, scheduled, received, or marked as paid may not be sufficient.

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). Long-term care insurance policies issued under the name of Union Security Insurance Company, Union Security Life Insurance Company of New York, American Republic Insurance Company, and Blue Cross/Blue Shield of South Carolina are administered by John Hancock Life Insurance Company (U.S.A.). Policies issued under Time Insurance Company are insured and administered by John Hancock Life Insurance Company (U.S.A.).

Assisted Living Facility Invoice

Maple Grove Assisted Living
123 Main Street
Boston, MA 02116
Phone: (555) 123-4567

Statement Date: 5/25/2026
Invoice Number: ALF-06012026-001
Payment Due Date: June 30, 2026

Resident Name: [Resident Name]	Resident ID: [Resident ID]
Billing Period: June 1, 2026 - June 30, 2026	Account Number: [Account Number]

Description of Charges

Date	Description	Covered / Non-Covered	Amount
June 1, 2026	Room and Board (June 1 - June 30, 2026)	Covered	\$6,000.00
June 1, 2026	Personal care supplies	Non-Covered	\$125.00
June 1, 2026	Hair salon / grooming services	Non-Covered	\$75.00
June 1, 2026	Cable television service	Non-Covered	\$60.00
June 1, 2026	Guest meals	Non-Covered	\$45.00
June 1, 2026	Transportation for personal errands	Non-Covered	\$150.00
June 1, 2026	Laundry service - personal items	Non-Covered	\$90.00

Total Invoice Amount	\$6,545.00
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Notes: This invoice is a generic sample for illustrative purposes only. Coverage determinations are subject to the terms and conditions of the applicable long-term care insurance policy.

Sample invoice disclaimer: These invoices are a generic sample provided for illustrative purposes only.