



SECTION A

Membership Information

MEMBER'S FULL NAME

MEMBER ID#

DATE OF BIRTH

We will only reimburse eligible medical needs that are submitted within **6 months** of the date of service with proof of payment..

NOTE Reimbursement may take up to 30-45 business days to process once all required information has been received.

SECTION B

Reimbursement

Please indicate the service for which you are requesting reimbursement.



Office Visit

Includes office visit costs, common tests, and immunizations



Service-Specific Costs

Includes outpatient therapy, X-ray and laboratory services



Emergency Room Visit*

Includes costs associated with physicians and facilities



Advance Opinion for Eligibility **

Includes diagnostic services, advanced imaging, surgery and in-office procedures

ADVANCE OPINION FOR ELIGIBILITY #



Other

PLEASE DESCRIBE

NOTE prescriptions and durable medical equipment (DME) are not eligible for reimbursement.

SECTION C

Reimbursement Type

Please specify how to issue reimbursement.



Direct Check

SECTION D

Required Documents

The following must be submitted to be considered for reimbursement.



1 This completed Reimbursement Submission Form



2 Itemized statement, invoice or "superbill" from the provider that includes the following information:

- Provider Name
- Provider Tax ID
- Date of Service
- Diagnosis Code (ICD-10)
- Procedure Code (CPT, HCPCs, and Rev Codes)
- Method of payment (credit card, cash or check)



Please submit this form by email or mail.

Please Sign

SIGNATURE

PRIMARY CONTACT NAME

DATE

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