

Member Reimbursement Form FAQ

What is a member reimbursement?

A member reimbursement is a request to ask us to pay you back for covered medical care and supplies or prescription drugs that you paid for out-of-pocket. You need to complete a form to request reimbursement. If you went to a network provider or pharmacy, you shouldn't need to submit a reimbursement form.

What form do I need to complete?

You can use the Medical Reimbursement Request Form to ask us to pay you back for covered medical care and supplies. This includes medical, dental, vision, hearing and foreign travel care and supplies. You should use this form for both medical and prescription drugs for foreign travel.

There is a separate Prescription Reimbursement Request Form you can use for covered prescription drugs.

You will need to fill out a separate form for each member and each provider. For foreign travel, fill out one form for each member for the entire trip.

What do I need to include with my request?

For a medical reimbursement:

- Billing statements from your doctor or supplier for each item. It should include a full description of the service or supplies received.
- Proof of payment (such as a paid receipt, invoice, or a provider statement) for each item. It must include the service you received, the cost of the service (billed amount), the amount you paid, the date you paid, and how you paid.

Note: For foreign travel requests, it may be helpful to include doctor's notes or discharge papers (translated to English) if you have them.

For a prescription reimbursement:

- Original pharmacy receipt for each drug (not the register receipt). It should include the date the prescription was filled, the prescription number, name and strength of drug, compound ingredient information (if applicable), prescriber's name or ID number, National Drug Code (NDC) number, pharmacy name and address, the quantity and days' supply, and the amount paid.

If you have other insurance, please include a copy of the Explanation of Benefits (EOB) from your other insurer.

How long do I have to submit a request?

For medical care or service, you have 1 year from the date of service to submit your request. For prescription drugs, you have 3 years from the date you fill your prescription.

How much will I get paid back?

We will process your request based on your plan benefits and the Medicare allowed amount (the most a health plan will pay for a covered service) minus any plan cost-sharing amounts (copays, coinsurance or deductibles). You may not get a reimbursement check for the full amount paid for services. When we complete our review, we'll either send you a check or a follow-up letter if we need more information.

Where do I send my completed form?

Send the completed **medical form** and paperwork to the **Medical Claims Address** on the back of your member ID card.

Send the completed **prescription form** and pharmacy receipt(s) to the **Pharmacy Claims Address** on the back of your member ID card.

Questions?

The reimbursement form includes detailed information about submitting your request. If you have questions, please call the member phone number on your member ID card.