

SECTION A

Membership Information

MEMBER'S FULL NAME

MEMBER ID#

DATE OF BIRTH

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

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

HealthCare Credit***

SECTION D

Required Documents

The following must be submitted to be considered for reimbursement.

- 1 This completed Reimbursement Submission Form
- 2 Itemized statement 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 that is clearly indicated as credit card, cash or check

*If your medical needs arise from an accident, injury or emergency room visit, we may request a Needs Processing Form and/or associated medical records to determine eligibility.

** We recommend that you obtain an Advance Opinion for Eligibility prior to the date of service for the medical need to see if it will be eligible for sharing or reimbursement.

*** HealthCare Credits are only available on certain memberships, if you are unsure please contact us at: 1.833.3-ALTRUA (258782)



Please submit this form by email, fax or mail.

Please Sign

SIGNATURE

PRIMARY CONTACT NAME

DATE