

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

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, 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)

*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 determine if it will be eligible for sharing or reimbursement. An Advanced Opinion for Eligibility is not a guarantee of eligibility.

*** 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