



# Reimbursement Submission Form

## SECTION A General Information

Member Name: \_\_\_\_\_

Member ID: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

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

## SECTION B Reimbursement Type

➤ Please indicate below what you are seeking reimbursement for.

**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

**Pre-Authorized Procedure \*\***

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

Pre-Authorization #: \_\_\_\_\_

**Other:** \_\_\_\_\_

➤ Please note that prescriptions and durable medical equipment (DME) are not eligible for reimbursement

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

\*\*Pre-Authorization must be obtained prior to the date of service.

## SECTION C Required Documents

➤ The following must be submitted to be considered for reimbursement.

**This completed Reimbursement Submission Form.**

**Itemized statement or "superbill" from the provider that includes the following information:**

- Provider's Name
- Provider's 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
- Proof of payment made in full
  - Proof includes a bank statement, credit card receipt, or cleared check

### Submit via Email or Fax

➤ Please note that reimbursement can take up to 30 business days.

➤ To avoid delays, please complete and attach all required information prior to sending.

**EMAIL** [memberforms@altruiahealthshare.org](mailto:memberforms@altruiahealthshare.org) | **FAX** 512.382.5520

**Please complete Sections A-C in entirety prior to submission.**