

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.

*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.

**For Prime and Select Silver memberships: Advanced Opinion must be obtained prior to the date of service for the medical need to be eligible for sharing or reimbursement.

SECTION B

Reimbursement Type

Please indicate 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

Advanced Opinion **

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

ADVANCED OPINION #

Other

PLEASE DESCRIBE

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

SECTION C

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



Please submit this form by email, fax or mail.

Please Sign

SIGNATURE

PRIMARY CONTACT NAME

DATE