UnitedHealthcare®

# Claim Reimbursement Form

You can use this form to ask us to pay you back for covered medical care or supplies. Check your Evidence of Coverage to determine what the plan will pay for.

## Before you mail this form

- Please type or print on both sides of this form.
- Fill out a separate form for each member and each provider.
- Include proof of payment for the medical care or item. Proof should include the date you got the care or item, the number of items or visits, the cost for each and how you paid (check, credit card, etc.).
- If you have other insurance, please include a copy of that insurance plan's explanation of benefits for the services you are requesting payment for.
- If you have any of the auto insurance paperwork we ask for below, please include copies.
- Check that you signed in the signature section.
- Please keep copies of everything you send us.
- Please send us your paperwork no later than 365 days from the date of service. We may not be able to process this claim after that timeframe has lapsed.

## Where to mail this form

Please mail the form and your other paperwork to the address on the back of your member ID card. UnitedHealthcare will process your reimbursement based on your benefits. Once completed, a check or follow-up letter will be mailed to you.

## Questions?

Call the toll-free Customer Service number on the back of your member ID card.

## Information about you

We need information about the member who received services. Please list that information here.

| First Name | Last Name | |
|---|---|---|
| Address | | |
| City | State | Zip Code |
| Member ID Number from ID Card | Member Group Number from ID Card | |

## Information about other insurance

Do you have other insurance besides Medicare and this UnitedHealthcare plan? Please list here.

| Example: Medicaid, VA, or other employer insurance. Medicare has rules about when it pays if you have other coverage. | |
|---|---|
| Name of Insurance | Policy Number |

| Name of Insurance | Policy Number |
|---|---|
| | |

Were you injured or became ill due to a car accident, but your auto policy doesn't cover it?
☐ Yes ☐ No If yes, please send us a copy of the paperwork from the auto insurance company saying that it doesn't cover your illness or injury. Example, a letter from the insurance company or a lawyer.

## Where did you get the service(s) or item(s)?

☐ Doctor's office ☐ Urgent care ☐ Emergency room ☐ Pharmacy ☐ Home
☐ Assisted living facility or nursing home ☐ Other _____

Provider, Facility, or Network Name

Address

| City | State | Zip Code |
|---|---|---|
| | | |

Did you need to get dialysis outside of the plan's service area? ☐ Yes ☐ No

## Details about your medical care or supplies

We need information about the items or medical care you paid for. You should be able to get the information from your doctor's bill or by calling your doctor's office. Please include copies of the bill or statement. An example is provided on the first line.

| Date of Service | Diagnosis or Illness | Treatment, CPT Code, or name of item | Number of items or visits | Billed Amount | You Paid |
|---|---|---|---|---|---|
| *1/15/20XX* | *250.00 or diabetes* | *99214 or office visit* | *1* | *$123.00* | *$123.00* |
| | | | | | |
| | | | | | |
| | | | | | |

☐ I am adding a separate sheet for more items.

☐ For cataract frames or lenses: My cataract surgery date was: _____

Please tell us how the items listed above relate to your illness or injury:

_____

## Signature

When I sign below, I am stating that the information on this form is correct, to the best of my knowledge. I understand that if I put information on this form that I know is not true, I could face fines and prison under federal law.

**Signature:**_____

If I sign as an authorized representative, it means that I have the legal right under state law to sign.

If you are completing this for a member, please include a copy of the paperwork showing you have the legal right to do so. Examples of the legal paperwork are Power of Attorney and Appointment of Representative form. You do not need to send in Power of Attorney paperwork if you have already sent it to us in the past.