

## Medical Claim Form | Direct Member Reimbursement Request

**INSTRUCTIONS:** Make sure you and your physician or other health care professional fill out this form completely in order for you to receive timely reimbursement for paid medical services.

- Type or print the requested information
- Consult your health care provider regarding section labeled “Service Information.”
- Attach itemized receipts for each supply or service you requested reimbursement for. (Do not staple items.)
- Remember to keep a copy of this claim form and all receipts for your records.
- A separate form must be completed for each individual requesting reimbursement.

### Member Information

Last Name	First Name	Middle Initial	Member ID	Date of Birth
Street Address		City	State	Zip
Patient Name (if different from Member)		Date of Birth	Phone	

### Provider Information

Name	Tax ID Number			
Street Address	City	State	Zip	
Patient Name (if different from Member)		Date of Birth	Phone	



**Need Assistance?**

Call your Healthcare Concierge toll-free at 1-877-374-7993 (TTY 711), October 1 - March 31, 8am to 8pm, CST, seven days a week or April 1 - September 30, 8am to 8pm, CST, Monday through Friday.

Date of Service	Location of Service	Codes for Service or Supplies	Diagnosis Codes (ICD10)	Number of Units	Amount Charged
					\$
					\$
					\$
					\$
<b>Upon completion mail to:</b> Care N' Care Insurance Company, Inc. Attn: Organizational Determinations 1701 River Run, Suite 402 Fort Worth, TX 76107				Total Charges	\$
				Total You Paid	\$

If all information has been correctly submitted, you can expect your claim to be processed within 60 calendar days of receipt by Care N' Care. **THIS IS NOT A GUARANTEE OF PAYMENT.** Actual payment for covered services will be paid at the appropriate level according to your plan benefit.

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Care N' Care Insurance is an HMO and PPO plan with a Medicare contract. Enrollment in Care N' Care depends on contract renewal.

ATTENTION: If you speak Spanish, language assistance services, free of charge, are available to you. Call 1-877-374-7993 (TTY 711).

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