

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

Date of Service	Location of Service	Codes for Service or Supplies	Supporting Modifier(s)	Diagnosis Codes (ICD10)	Number of Units	Amount Charged
						\$
						\$
						\$
						\$
Upon completion mail to: Care N’ Care Insurance Company, Inc. Attn: Organizational Determinations 1603 Lyndon B. Johnson Freeway, Suite 300 Farmers Branch, TX 75234					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.

Need Assistance?

Call your Customer Experience Team 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.

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).

ATENCIÓN: si habla español, tendrá a su disposición servicios gratuitos de asistencia lingüística. Llame al 1-877-374-7993 (TTY 711).

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