

Member Medical Reimbursement Claim Form



Use this claim form to be reimbursed for eligible out-of-pocket **medical** expenses.



EMAIL form and required documents to: **MemberReimbursements@Wellcare.com**, OR

FAX form and any required documents to **1-877-277-1805** OR

MAIL form and required documents to 'Ohana Member Reimbursement Department • P.O. Box 31381 • Tampa, FL 33631-3381.

Please submit one form per member.

IMPORTANT NOTE: Use this form when requesting reimbursement (repayment) for **MEDICAL** services only. This form is **NOT** to be used for pharmacy reimbursements. Please contact Customer Service if the request is for pharmacy, dental, hearing, transportation (ride), or vision services. Call toll-free at **1-888-846-4262** (TTY: **711**) Monday through Friday, from 7:45 a.m. to 4:30 p.m., Hawaii Standard Time.

For the reimbursement of medical services, **FOLLOW THESE INSTRUCTIONS CAREFULLY:**

A Completion of the member medical reimbursement claim form:

- Print your name and member ID number as shown on your 'Ohana ID Card.
- Provide your mailing address and telephone number.
- Describe why you are asking for reimbursement.
- Provide the date of service for which you are requesting reimbursement. This is the date the service was given. List separately each date of service or admission date for inpatient / hospital stays.
- Print the name of the doctor, provider, or facility that provided the service.
- Provide a brief description of the service that was provided.
- List the amount requested for the individual service line.
- Add all individual lines together and provide the total amount requested for the reimbursement of all services.

B Each itemized bill **MUST** include all the following information:

- Date of each service.
- Place of each service, such as a doctor's office, independent laboratory, outpatient hospital, inpatient hospital, nursing home, or the patient's home.
- Description of each surgical or medical service or supply furnished.
- Charge for EACH service.
- Doctor or provider's name and address. A bill will often show the names of several doctors or providers. **IT IS VERY IMPORTANT THAT YOU IDENTIFY THE ONE WHO TREATED YOU.** Simply circle their name on the bill.

C Proof of payment documentation:

- Copy of canceled check (front and back).
- Credit card statement showing provider as paid.
- Invoice / statement from provider showing provider's name, address, and telephone number.

Member Name _____ Member ID # _____

Address _____ Telephone _____

City _____ State _____ ZIP Code _____



Please provide a brief description of your request:

| Date of Service | Provider Name | Description of Service | Amount Requested |
|-----------------|---------------|------------------------|------------------|
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Total Amount of Reimbursement Request _____

I attest that the above information is true and accurate and that the services were received and paid for in the amount indicated above. I acknowledge that if any information on this form is misleading or fraudulent, I may be subject to criminal and/or civil penalties for submitting false healthcare claims.

Printed Name: _____ Signature: _____ Date: _____

‘Ohana Health Plan will review your request for reimbursement after you complete this form. Please attach an itemized bill and payment receipt from your doctor or provider. All requests will be processed within 60 days of receipt. **Please note:** Your bill must be paid in full **before** you can submit this request for reimbursement. All required documentation must be included with the request. **EMAIL** form and required documents to: **MemberReimbursements@Wellcare.com**, OR **FAX** form and any required documents to **1-877-277-1805** OR **MAIL** form and required documents to ‘Ohana Member Reimbursement Department • P.O. Box 31381 • Tampa, FL 33631-3381. Please submit one form per member.

‘Ohana Health Plan complies with applicable Federal civil rights laws and does not discriminate, exclude people, or treat people differently because of race, color, national origin, age, disability or sex.

‘Ohana Health Plan provides free aids and services to people with disabilities to communicate effectively with us, such as:

- Qualified sign language interpreters
- Written information in other formats (large print, audio, braille, accessible electronic formats, other formats)

‘Ohana Health Plan provides free language services to people whose primary language is not English, such as:

- Qualified interpreters
- Information written in other languages

If you need these services, contact ‘Ohana Health Plan toll-free **1-888-846-4262** (TTY **711**).

If you believe that ‘Ohana Health Plan has failed to provide these services or discriminated in another way, you can file a grievance with:

‘Ohana Health Plan
P.O. Box 31384
Tampa, FL 33637
Phone: **1-888-318-0427** (TTY: **711**)
Fax: **1-866-388-1769**
Email: **SM_Section1557Coord@centene.com**

You can file a grievance by mail, fax, or email. If you need help filing a grievance, our **1557 Coordinator** is available to help you.

You can also file a grievance with the U.S. Department of Health and Human Services, Office for Civil Rights, electronically through the Office for Civil Rights Complaint Portal, available at **<https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>**, or by mail or phone at:

U.S. Department of Health and Human Services
200 Independence Avenue, SW
Room 509F, HHH Building
Washington, D.C. 20201
1-800-368-1019, 1-800-537-7697 (TDD)

Complaint forms are available at **<https://www.hhs.gov/ocr/complaints/index.html>**.

(English) If you need this in another language, or need auxiliary aids and services, large font, oral translation, or other alternative formats, we can provide them to you free of charge. Call 'Ohana Health Plan toll-free **1-888-846-4262** (TTY: **711**).

(Cantonese) 如您需要以其他語言檢閱此資訊，或需要輔助工具和服務、較大的字型、口譯服務或其他替代格式，我們可以免費為您提供。請撥打 'Ohana Health Plan 免費電話 **1-888-846-4262** (TTY: **711**)。

(Chuukese) Ika pwe mi namwot ei non pwan ew fos, are osupwangen aninis me angang mi anisi, font mi watte, affou ren kapas, are pwan ekkoch napanap, sia tongeni awora ngonuk nge ese kamo. Kopwe kokori 'Ohana Health Plan ese kamo **1-888-846-4262** (TTY: **711**).

(French) Si vous avez besoin d'aides et de services auxiliaires, ou si vous avez besoin de ce document dans une autre langue, dans une police plus grande, dans un autre format ou d'une traduction orale, nous pouvons vous les fournir gratuitement. Appelez gratuitement 'Ohana Health Plan au **1-888-846-4262** (TTY: **711**).

(German) Sofern Sie diese Informationen in einer anderen Sprache benötigen oder auf zusätzliche Unterstützung und Dienstleistungen, größere Schriftarten, mündliche Übersetzungen oder andere alternative Formate angewiesen sind, können wir Ihnen diese kostenlos zur Verfügung stellen. Rufen Sie 'Ohana Health Plan gebührenfrei unter **1-888-846-4262** (TTY: **711**) an.

(Hawaiian) Inā makemake 'oe i kēia ma ka 'ōlelo 'ē a'e, a i 'ole makemake 'oe i nā kōkua kōkua a me nā lawelawe, font nui, unuhi waha, a i 'ole nā palapala 'ē a'e, hiki iā mākou ke hā'awi iā 'oe me ka uku 'ole. Kāhea 'Ohana Health Plan uku 'ole **1-888-846-4262** (TTY: **711**).

(Ilocano) No kasapulam daytoy iti sabali a pagsasao, wenna kasapulam dagiti katulongan ken serbisio, dakkel a letra, oral a panagipatarus, wenna dadduma pay nga alternatibo a pormat, mabalinmi nga ipaay dagitoy kenka a libre. Tawagan ti 'Ohana Health Plan a libre iti **1-888-846-4262** (TTY: **711**).

(Japanese) 他の言語や補助支援およびサービス、大活字、通訳、およびその他の代替形式が必要な場合、無料で提供しています。フリーダイヤル (**1-888-846-4262**) または (TTY: **711**) にて、'Ohana Health Plan までお問い合わせください。

(Korean) 다른 언어로 필요하거나 보조 도구 및 서비스, 큰 글씨, 구술 번역 또는 다른 대체 형식이 필요한 경우 무료로 제공해 드릴 수 있습니다. 'Ohana Health Plan에 **1-888-846-4262**(TTY: **711**)번으로 무료로 전화하십시오.

(Laotian) ຖ້າທ່ານຕ້ອງການບໍລິການນີ້ເປັນພາສາອື່ນ, ຫຼື ຕ້ອງການການຊ່ວຍເຫຼືອ ແລະ ການບໍລິການເສີມ ແບບຕົວອັກສອນຂະໜາດໃຫຍ່, ການແປພາສາປາກເປົ້າ, ຫຼື ຮູບແບບທາງເລືອກອື່ນໆ, ພວກເຮົາສາມາດໃຫ້ບໍລິການດັ່ງກ່າວໄດ້ໂດຍບໍ່ເສຍຄ່າໃຊ້ຈ່າຍໃດໆ. ໂທຫາ 'Ohana Health Plan ໂທຟຣີ **1-888-846-4262** (TTY: **711**).

(Mandarin) 如果您需要其他语言版本，或者需要辅助设备和服务、大号字体、口译服务或其他替代形式，我们可以免费为您提供。请拨打 'Ohana Health Plan 免费电话 **1-888-846-4262** (TTY: **711**)。

(Marshallese) Ñe kwoj aikuj i menin ilo juon ba kajin, ak jipañ ko ilo jeje im jermal ko, jeje killep, ukok ilo ainikien, ak jöt bar jekjek ko rej oktak, jemaroñ lewaj ir ñan eok ilo ejelok wonāān. Kurluk 'Ohana Health Plan ejelok-wonāān kūrlok **1-888-846-4262** (TTY: **711**).

(Samoan) Afai e te mana'omia lenei lomiga i se isi gagana, pe mana'omia fo'i ni fesoasoani ma ni auunaga faaopoopo, o ni tusitusiga tetele, o ni faaliliuga i se isi gagana, po o ni isi fo'i ituaiga o faaliliuga, e mafai ona matou saunia mo oe e aunoa ma se totogi. Valaau 'Ohana Health Plan leai se totogi **1-888-846-4262** (TTY: **711**).

(Spanish) Si necesita esta información en otro idioma, o necesita ayudas y servicios auxiliares, letra grande, traducción oral u otros formatos alternativos, podemos proporcionárselos de manera gratuita. Llame a 'Ohana Health Plan sin cargo al **1-888-846-4262** (TTY: **711**).

(Tagalog) Kung kailangan ninyo ito sa ibang wika, o kung kailangan ninyo ng mga karagdagang tulong at serbisyo, malalaking font, pasalitang pagsasalin, o iba pang alternatibong format, maibibigay namin ang mga ito sa inyo nang libre. Tawagan ang 'Ohana Health Plan nang toll-free sa **1-888-846-4262** (TTY: **711**).

(Thai) หากคุณต้องการเนื้อหาเป็นภาษาอื่น หรือต้องการความช่วยเหลือและบริการเพิ่มเติม แบบอักษรขนาดใหญ่ การแปลโดยการอ่านออกเสียง หรือรูปแบบที่เป็นทางเลือกอื่นๆ เราสามารถให้คุณได้โดยไม่มีค่าใช้จ่าย โปรดโทรหา 'Ohana Health Plan ที่หมายเลขโทรฟรี **1-888-846-4262** (TTY: **711**)

(Tongan) Kapau 'oku ke fie ma'u 'eni 'i ha toe lea, pe fiema'u ha ngaahi tokoni mo e ngaahi sevesi, mata'itohi lahi, ngutu, liliu lea, pe ko ha toe fometi founa kehe, te mau lava 'o 'oatu kinautolu kiate koe ta'etotongi. Taa kihe 'Ohana Health Plan Ta'etotongi **1-888-846-4262** (TTY: **711**).

(Vietnamese) Nếu cần hỗ trợ bằng ngôn ngữ khác hoặc cần dịch vụ và trợ giúp bổ trợ, cỡ chữ lớn, phiên dịch hoặc các định dạng thay thế khác, chúng tôi có thể cung cấp miễn phí cho quý vị. Gọi 'Ohana Health Plan theo số miễn cước **1-888-846-4262** (TTY: **711**).

(Visayan) Kung gikinahanglan nimo kini sa laing lengguwahe, magkinahanglan og auxiliary nga mga tabang ug serbisyo, dagko nga font, oral nga paghubad, o ubang mga alternatibong format, mahatag namo kini nimo nga walay bayad. Libre mutawag sa 'Ohana Health Plan sa **1-888-846-4262** (TTY: **711**).