



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 required documents to: **1-877-277-1805** OR MAIL form and required documents to: Wellcare 'Ohana Dual Align (HMO-POS D-SNP) Reimbursement Department • P.O. Box 31381 • Tampa, FL 33631-3381. Please submit one form per member.

IMPORTANT NOTE: Use this form when requesting reimbursement for **MEDICAL** services only. This form is **NOT** to be used for Pharmacy Reimbursements. Please contact your Benefit Administrator or Member Services if the request is for Pharmacy, Part D, routine Dental, Hearing, Transportation, Vision, Fitness or Flex card services. The contact information is on your ID card.

For the reimbursement of Medical Services, FOLLOW THESE INSTRUCTIONS CAREFULLY:

A. Completion of this form.

- Print your name and Member ID number as shown on your Wellcare 'Ohana Dual Align (HMO-POS D-SNP) ID Card.
- Provide your mailing address and include your telephone number.
- Describe why you are requesting reimbursement.
- Provide the date of service for which you are requesting reimbursement. (This is the date the service was rendered.) List separately each date of service or admission date for inpatient/hospital stays.
- Print the name of the doctor 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 – Doctor's Office, Independent Laboratory, Outpatient Hospital, Inpatient Hospital, Nursing Home, Patient's Home
- Description of each surgical or medical service or supply furnished
- Charge for EACH service

- Doctor's or supplier's name and address. Many times, a bill will show the names of several doctors or suppliers. 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, telephone number, date(s) of service, services rendered and balance marked paid with method of payment – cash, check or credit card

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

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 health care claims.

Printed Name: _____ Signature: _____

Date: _____

Wellcare 'Ohana Dual Align (HMO-POS D-SNP) will review your request for reimbursement after you complete this form and attach an itemized bill and payment receipt from your doctor or supplier. 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 and all required documentation must be included

with the request. EMAIL form and required documents to: **MemberReimbursements@Wellcare.com** OR FAX form and required documents to: **1-877-277-1805** OR MAIL form and required documents to: Wellcare 'Ohana Dual Align (HMO-POS D-SNP) Reimbursement Department • P.O. Box 31381 • Tampa, FL 33631-3381.

'Ohana Health Plan, a plan offered by WellCare Health Insurance of Arizona, Inc.

Notice of Availability of Language Assistance Services and Auxiliary Aids and Services

ATTENTION: If you speak a language other than English, free language assistance services are available to you. Appropriate auxiliary aids and services to provide information in accessible formats are also available free of charge. Call 1-888-846-4262 (TTY: 711).

Iloko PALIIWEN: Adda dagiti libre a serbisio a tulong iti pagsasao. Dagiti maitutop a katulongan ken serbisio a mangipaay iti impormasion kadagiti nalaka a maawatan a pormat ket libre met a magun-odan. Tawagan ti 1-888-846-4262 (TTY: 711).

Gagana Sāmoa FA'AALIGA: O lo'ō avanoa fua ia te oe auaunaga fesoasoani i le gagana. E avanoa fo'i fua fesoasoani ma meafaigaluega talafeagai e tu'uina atu ai fa'amatalaga i auala faigofie ona malamalama ai. Vala'au 1-888-846-4262 (TTY: 711).

'Ōlelo Hawai'i HO'ĀKAKA: Loa'a iā 'oe ke kōkua manuahi no ka unuhi 'ōlelo. Loa'a pū kekahi mau pono kōkua kūpono a me nā lawelawe e hā'awi ai i ka 'ike i nā 'ano 'ano hiki ke ki'i 'ia, me ka uku 'ole. Kelepona i 1-888-846-4262 (TTY: 711).

Tagalog ATENSYON: May mga libreng serbisyo ng tulong sa wika na available para sa inyo. Available din nang libre ang mga naaangkop na karagdagang tulong at serbisyo para makapagbigay ng impormasyon sa mga accessible na format. Tumawag sa 1-888-846-4262 (TTY: 711).

日本語 注意：言語支援サービスを無料で提供しています。情報をアクセシビリティに対応した形式で提供する各種補助支援およびサービスも無料です。1-888-846-4262 (TTY: 711) にお電話ください。

简体中文 注意：我们为您提供免费的语言协助服务，同时也可免费提供适当的辅助设施与服务，以便提供无障碍格式的信息。请致电 1-888-846-4262 (TTY: 711)。

繁體中文 注意：我們為您提供免費的語言協助服務，還免費提供適當的輔助工具和服務，以無障礙格式提供資訊。請致電 1-888-846-4262 (TTY: 711)。

Español ATENCIÓN: Contamos con servicios de asistencia lingüística que se encuentran disponibles para usted de manera gratuita. También se encuentran disponibles de manera gratuita ayudas y servicios auxiliares adecuados para proporcionar información en formatos accesibles. Llame al 1-888-846-4262 (TTY: 711).

한국어 주의: 무료 언어 지원 서비스를 이용하실 수 있습니다. 정보 제공을 위해 적합한 보조 도구 및 서비스 또한 액세스 가능한 형식으로 무료 이용이 가능합니다. 1-888-846-4262 (TTY: 711)번으로 전화해 주십시오.

Tiếng Việt LƯU Ý: Chúng tôi có cung cấp dịch vụ hỗ trợ ngôn ngữ miễn phí. Các dịch vụ và trợ giúp bổ trợ phù hợp để cung cấp thông tin ở các định dạng có thể truy cập cũng được cung cấp miễn phí. Gọi 1-888-846-4262 (TTY: 711).

ไทย โปรดทราบ: พร้อมให้บริการความช่วยเหลือทางภาษาฟรีแก่คุณ และมีความช่วยเหลือและบริการเสริมที่เหมาะสมเพื่อให้ข้อมูลในรูปแบบที่เข้าถึงได้โดยไม่มีค่าใช้จ่ายด้วยเช่นกัน โทร 1-888-846-4262 (TTY: 711)

ພາສາລາວ ໝາຍເຫດ: ມີບໍລິການຊ່ວຍເຫຼືອດ້ານພາສາພຣີສໍາລັບທ່ານ ນອກຈາກນີ້ຍັງມີບໍລິການຊ່ວຍເຫຼືອ ແລະ ບໍລິການເສີມທີ່ເໝາະສົມເພື່ອໃຫ້ຂໍ້ມູນທີ່ສາມາດເຂົ້າເຖິງໄດ້ໂດຍບໍ່ຕ້ອງເສຍຄ່າໃຊ້ຈ່າຍເພີ່ມເຕີມ. ໂທ 1-888-846-4262 (TTY: 711).

Deutsch ACHTUNG: Sprachdienstleistungen stehen Ihnen kostenlos zur Verfügung. Geeignete zusätzliche Unterstützung und Dienstleistungen für Informationen in zugänglichen Formaten stehen Ihnen ebenfalls kostenlos zur Verfügung. Rufen Sie folgende Nummer an: 1-888-846-4262 (TTY: 711).

Français REMARQUE : des services d'assistance linguistique gratuits sont à votre disposition. Des services et aides pour obtenir des informations dans des formats accessibles sont également disponibles gratuitement. Appelez le 1-888-846-4262 (TTY : 711).

Français cadien COMMUNIQUE: Des services d'aide linguistique sans frais sont à votre disposition. Des aides et services auxiliaires appropriés pour fournir des informations en formats accessibles sont également proposés sans frais. Composez le 1-888-846-4262 (TTY : 711).

Русский ВНИМАНИЕ! Вам доступны бесплатные услуги языковой поддержки. Вы также можете бесплатно получить соответствующие вспомогательные средства и услуги, направленные на предоставление информации в доступных форматах. Позвоните по номеру 1-888-846-4262 (TTY: 711).

Português ATENÇÃO: estão disponíveis serviços de assistência gratuitos no seu idioma. Também estão disponíveis apoios auxiliares e serviços adequados que oferecem informações em formatos acessíveis e sem custos. Ligue para 1-888-846-4262 (TTY: 711).

Українська УВАГА! Вам доступні безкоштовні послуги мовної допомоги. Відповідні допоміжні засоби та послуги для надання інформації у доступних форматах також доступні безкоштовно. Зателефонуйте за номером 1-888-846-4262 (TTY: 711).

Bisaya ATENSYON: Libreng mga serbisyo sa pagtabang sa lengguwahe ang available nimo. Available sab ang angay nga auxiliary nga mga tabang ug serbisyo nga maghatag og impormasyon sa ma-access nga mga format nga walay bayad. Tawagi ang 1-888-846-4262 (TTY: 711).

Fosun Chuuk ESINESIN: Mi wor aninisin chiakun non fosun fonu mi kawor ngonuk ese kamo. Mei pwan wor ekewe pisekin aninisin weweiti porous mi kawor an epwe awora mecheres non atouren porous ese pwan kamo. Kekeru 1-888-846-4262 (TTY: 711).

Nan Ro rej Kajin Majol LALE: Ewor jermal in jipan kajin ko ejjelok woneen nan kwe. Ewor bar kein jipan ko rekka im jermal in jipan ko nan leluk melele ko ilo wawein ko remaron ilo ejjelok woneen. Kilok 1-888-846-4262 (TTY: 711).

Lea fakatonga FAKATOKANGA KI HE: 'Oku 'ata atu kiate koe 'a e ngaahi tokoni ta'etotongi 'i he lea fakafonua. 'Oku toe ma'u ta'etotongi foki mo e ngaahi tokoni fe'unga ke ma'u 'aki 'a e fakamatata 'i ha founa 'oku faingofua ke ma'u. Taa ki he 1-888-846-4262 (TTY: 711).