

Member Reimbursement Form

INSTRUCTIONS	<ol style="list-style-type: none"> 1. Complete ALL information request below. 2. Use a separate form for each family member. 3. Attach a copy of an itemized statement for each medical expense to include the following information: <ul style="list-style-type: none"> • Name of Patient • Who provided the service (doctor or facility name), address, phone number, TAX ID, and National Provider Identifier (NPI) • Procedure Code (description of service) • Diagnosis Code • Date(s) of Service • Amount charged for each service • Proof of Payment for services being requested for reimbursement
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Section 1: Member Information

Member ID: <i>(Listed on your member ID card)</i>		Member Name:	
Address:		City:	State/Zip:
Patient Name:		Patient Date of Birth:	Relationship to Patient:

Section 2: Comments

Please explain the reason for your claim/reimbursement request.

Section 3: Signature

The above statements and attachments are true and complete to the best of my knowledge.

X _____
Signature

Date



Section 4: Instructions

Mail to: **Virginia Premier**
Attention: Member Reimbursement
PO Box 4250
Richmond, VA 23220-8250

If you have any questions, please contact Virginia Premier at 1-877-739-1370. TTY users call 711. We are open from October 1 to February 14, 8:00 am to 8:00 pm, 7 days a week, except on certain holidays. From February 15 to September 30 our hours are the same, but on weekends and some holidays our automated phone system will answer your call. Please allow 30 days for processing.

Questions? Contact Member Services at 1-877-739-1370

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Virginia Premier Health Plan, Inc. is a fully-owned subsidiary of VCU Health.

From October 1 to February 14, we are open daily from 8:00 am to 8:00 pm, 7 days a week, excluding certain holidays. On weekends and certain holidays from February 15 to September 30, your call will be handled by our automated phone system.

ATTENTION: If you need language assisted services, free of charge, please call our customer services at 1-877-739-1370 (TTY: 711).