



# ASPIRE HEALTH PLAN

## CLAIM REIMBURSEMENT REQUEST FORM

### Member Information

Name:		Member ID#
Address:		
City:	Zip:	Phone:
DOB:		

### I am requesting reimbursement because:

- I paid for emergency or urgent care services out of my own pocket.
- My provider is sending me a bill I do not think I should pay.
- I purchased medical supplies out of my own pocket.
- I paid for routine vision or routine dental services.
- I used an out-of-network pharmacy to get a prescription filled (*Note: Part D drugs you buy outside of the United States and its territories will not be reimbursed.*)
- I paid the full cost for a prescription because:
  - I did not have my card with me
  - Other reason \_\_\_\_\_
- Other (describe): \_\_\_\_\_

This is the amount I feel I am owed: \$ \_\_\_\_\_

Date of Service: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Provider or Pharmacy: \_\_\_\_\_

Brief Explanation: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

### I CERTIFY THAT THE ABOVE STATEMENTS ARE CORRECT

Member Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Any person who knowingly and with intent to defraud any insurance company and files a statement of claim containing any materially false information or conceals, for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime.



**Please make sure to include your original receipts or bill (keep a copy for your records).**

When we receive your request, we will let you know if we need any additional information from you. Otherwise we will consider your request and decide whether it will be covered and, if it is covered, the amount we will cover.

Submit to:

Aspire Health Plan  
P. O. Box 5490  
Salem, OR 97304

If you have any questions, please call Aspire Health Plan at (855) 570-1600. TTY users should call 711. Estamos abiertos de 8 a.m. a 8 p.m. Pacífico de lunes a viernes del 1 de abril al 30 de septiembre y de 8 a.m. a 8 p.m. Pacífico los 7 días a la semana del 1 de octubre al 31 de marzo (excepto algunos días feriados.)

Aspire Health Plan es un patrocinador del plan HMO de Medicare Advantage con un contrato con Medicare. La inscripción al Aspire Health Plan depende de la renovación del contrato. Aspire Health Plan cumple con las leyes que aplican sobre derechos civiles federales y no ejerce discriminación alguna por raza, color, origen, edad, discapacidad o género. ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1-855-570-1600 (TTY: 711) 意：如果您使用繁體中文，您可以免費獲得語言援助服務。請致電 1-855-570-1600 (TTY: 711)

P.O. BOX 5490, SALEM, OR 97304 ■ (855) 570-1600 / 711 (TTY)

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