

STATEMENT OF MEDICAL CLAIMS

Questions? Contact Customer Service M-F 8:30 a.m. to 5:30 p.m. Phone 833.484.8450 Or by fax 517.364.8411

WHEN COMPLETED RETURN TO:
PHP Service Company
P.O. Box 30377
Lansing, MI 48909-7877

A. INSTRUCTIONS: MEDICAL REIMBURSEMENT REQUEST

To request a refund, please complete this form in its entirety. In order for your request to be reviewed, you MUST also include an itemized receipt from the provider that displays the date of service, the total billed amount for each service, procedure code for each service, diagnosis code and proof of payment. Please keep a copy of your original documents. For claims within the U.S.A, please allow 4-6 weeks for processing. We want to make sure that you are aware that reimbursement checks are always written out to the subscriber.

TO BE COMPLETED BY INSURED

B. INSURED (SUBSCRIBER) INFORMATION						
Insured(Subscriber)'s Name						
Residence Address	Apt. No.		City	5	State	Zip
2. Telephone			3. Marital Status			
4. Employer			5. Spouse's Name			
6. Name and address (city) of spouse's employer (if employed)						
C. PATIENT INFORMATION						
7. Patient's Name 7a. Telephone						
8. Patient's Date of Birth	9. Patient's Relationship to Employee		10. Michigan Care ID Number (stated on ID card)			
11a. Provider Name			11b. Date of Service			
*Provider Tax ID#		11c. Was this due to an auto accident?		cident?	11d. Was this due to a dental injury? Yes No	
*Procedure Code		11e. If injury, was it job related?		11f. Was this an emergency? Yes No		
*Diagnosis Code		(Please explain)				
		12a. Do you or any members of your immediate family have any other group insurance that may cover all or part of this claim? Yes No				
*You may obtain this information from the provider. This information is required to process your claim. Processing may be delayed if this information is not provided.		12b. If yes, give insurance company name, address, and group number.				
D. AUTHORIZATION						
I certify that the above statements are true and correct to the best of my knowledge and hereby authorize any physician, hospital, employer, union, insurance company, HMO or prepayment organization to supply each other any information required in connection with this claim. A photocopy of this authorization shall be valid as the original.						
Insured's Signature Date Signed						

E. FRAUD WARNING

Any person who, with intent to defraud or knowing that he/she is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement, is guilty of insurance fraud.



LANGUAGE ASSISTANCE

ATTENTION: If you speak a language other than English, language assistance services, free of charge, are available to you. Call 1.800.832.9186 (TTY: 711).

Spanish: ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1.800.832.9186 (TTY: 711).

Arabic:

ملحوظة: إذا كنت تتحدث اذكر اللغة، فإن خدمات المساعدة اللغوية تتوافر لك بالمجان. اتصل برقم (رقم هاتف الصم والبكم: 711: TTY: 711.

Chinese: 注意: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1.800.832.9186 (TTY: 711)

German: ACHTUNG: Wenn Sie Deutsch sprechen, stehen Ihnen kostenlos sprachliche Hilfsdienstleistungen zur Verfügung. Rufnummer: 1.800.832.9186 (TTY: 711).

Italian: ATTENZIONE: In caso la lingua parlata sia l'italiano, sono disponibili servizi di assistenza linguistica gratuiti. Chiamare il numero 1.800.832.9186 (TTY: 711).

Japanese: 注意事項:日本語を話される場合、無料の言語支援をご利用いただけます。 1.800.832.9186 (TTY: 711) まで、お電話にてご連絡ください

Korean: 주의: 한국어를 사용하시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다.

.800.832.9186 (TTY: 711) 번으로 전화해 주십시오.

Polish: UWAGA: Jeżeli mówisz po polsku, możesz skorzystać z bezpłatnej pomocy językowej. Zadzwoń pod numer 1.800.832.9186 (TTY: 711).

Russian: ВНИМАНИЕ: Если вы говорите на русском языке, то вам доступны бесплатные услуги перевода. Звоните 1.800.832.9186 (ТТҮ: 711).

Tagalog: PAUNAWA: Kung nagsasalita ka ng Tagalog, maaari kang gumamit ng mga serbisyo ng tulong sa wika nang walang bayad. Tumawag sa 1.800.832.9186 (TTY: 711).

Vietnamese: CHÚ Ý: Nếu bạn nói Tiếng Việt, có các dịch vụ hỗ trợ ngôn ngữ miễn phí dành cho bạn. Gọi số 1.800.832.9186 (TTY: 711).

Bengali: লক্ষ্য করুনঃ যদি আপনি বাংলা, কথা বলতে পারেন, তাহলে নিঃখরচায় ভাষা সহায়তা পরিষেবা উপলব্ধ আছে। ফোন করুন ১-1.800.832.9186 (TTY: 711)

Albanian: KUJDES: Nëse flitni shqip, për ju ka në dispozicion shërbime të asistencës gjuhësore, pa pagesë. Telefononi në 1.800.832.9186 (TTY: 711).

Serbo-Croatian: OBAVJEŠTENJE: Ako govorite srpsko-hrvatski, usluge jezičke pomoći dostupne su vam besplatno. Nazovite 1.800.832.9186 (TTY- Felefon za osobe sa oštećenim govorom ili sluhom: 711).

Syriac:

رەھەنى: كى ئىسلەپ كى ئوھاھەك لەك كىلى ئىلەنىك، چىكىبلەپ سۇدلىلەپ سىلىخىلىكى ئىلىنىڭ ئىلىنىڭ