**Instructions:** Make sure you and your physician or other healthcare professional fill out this form completely for you to receive timely reimbursement for paid medical services.

* Type or print the requested information
* Consult your healthcare provider regarding section labeled “Service Information.”
* Attach itemized receipts for each supply or service you requested reimbursement for. (Do not staple items.)
* Remember to keep a copy of this claim form and all receipts for your records.
* A separate form must be completed for each individual requesting reimbursement.
* If you have any questions, please contact your Healthcare Concierge at 1-833-324-3242 (TTY: 711), October 1 - March 31, 8 a.m. to 8 p.m. ET, 7 days a week or April 1 - September 30, 8 a.m. to 8 p.m. ET Monday through Friday.

|  |
| --- |
| **Member Information** |
|  |  |  |  |  / / |   |
| Last Name | First Name | Middle Initial | Member ID | Date of Birth |  |
|  |  |  |  |  |  |
| Street Address |   | City | State |   |   |
|  |  |  |  / / |  |  |
| Patient Name (if different from Member) |   | Date of Birth  | Phone |   |
| **Provider Information** |
|  |  |  |  |  |  |
| Name |   | Tax ID Number |   |   |   |
|  |  |  |  |  |  |
| Street Address |   | City | State | Zip |   |
|  |  |  |  |  |  |
| **Service Information** |  |  |  |  |  |
|  |  |  |  |  |  |
| **Date of Service** | **Location of Service** | **Codes for Service or Supplies** | **Diagnosis Codes (ICD10)** | **Number of Units** | **Amount Charged** |
|   |   |   |   |   |  $ |
|   |   |   |   |   |  $ |
|   |   |   |   |   |  $ |
|   |   |   |   |   |  $ |
| Upon Completion Mail to: **HealthTeam AdvantageATTN: Reimbursements** **7800 McCloud Rd. Suite 100 Greensboro, NC 27409** |  |  | **Total Charges** |  $ |
|  |  | **Total You Paid** |  $ |

HealthTeam Advantage, a product of Care N’ Care Insurance Company of North Carolina, Inc., is a Medicare Advantage organization with a Medicare contract. Enrollment in HealthTeam Advantage depends on contract renewal. YMULTI-PLAN\_20\_10\_C