

Medical Claim Form: Direct Member Reimbursement Request

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 888-965-1965 (TTY: 711), Oct. 1— March 31, 8 a.m. to 8 p.m. ET, 7 days a week or April 1— Sept. 30, 8 a.m. to 8 p.m. ET Monday—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 Advantage ATTN: Reimbursements 7800 McCloud Rd. Suite 100 Greensboro, NC 27409				Total Charges	\$
				Total You Paid	\$

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If all information has been correctly submitted within 180 days of service, you can expect your claim to be processed within 180 calendar days of receipt by HealthTeam Advantage. THIS IS NOT A GUARANTEE OF PAYMENT. Actual payment for covered services will be paid at the appropriate level according to your plan benefit.

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.

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