

MEDICAL CLAIM FORM

DIRECT MEMBER REIMBURSEMENT REQUEST

INSTRUCTIONS: Make sure you and your physician or other health care professional fill out this form completely in order for you to receive timely reimbursement for paid medical services.

- Type or print the requested information
- Consult your health care 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 1-888-965-1965 (TTY:711), October 1st to February 14th, 8AM - 8PM EST, 7 days a week or February 15th to September 30th, 8AM - 8PM EST 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: HEALTH TEAM ADVANTAGE ATTN: ORGANIZATIONAL DETERMINATIONS 7800 McCloud Rd. SUITE 100 GREENSBORO, NC 27409				TOTAL CHARGES	\$
				TOTAL YOU PAID	\$

If all information has been correctly submitted, you can expect your claim to be processed within 60 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.

MEDICAL CLAIM FORM**DIRECT MEMBER REIMBURSEMENT REQUEST**

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.

HealthTeam Advantage complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex.

ATTENTION: If you speak a language other than English, language assistance services, free of charge, are available to you. Call 1-877-905-9216 (TTY: 711).

HealthTeam Advantage cumple con las leyes federales de derechos civiles aplicables y no discrimina por motivos de raza, color, nacionalidad, edad, discapacidad o sexo.

ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística.

Llame al 1-877-905-9216 (TTY: 711).

HealthTeam Advantage 遵守適用的聯邦民權法律規定，不因種族、膚色、民族血統、年齡、殘障或性別而歧視任何人。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1-877-905-9216（TTY: 711）。