



# Member Reimbursement

Usually, we pay your health care providers for you without you having to do anything. But sometimes you have to pay the doctor or hospital yourself. This form is how you ask us to reimburse you.

Please fully complete the form, print clearly

## Section 1 — Member information

From your Longevity Health Plan member ID card	<b>Member Identification Number (found on your Longevity Health Plan Card)</b>

<b>Subscribers last name</b>	<b>Subscribers first name</b>

**Subscriber's street address (location where reimbursement will be sent)**

<b>City</b>	<b>State</b>	<b>ZIP</b>

## Section 2 — Patient information

<b>Patient's first name</b>	<b>Sex</b>	<b>Medicare HIB / MBI number</b>
	M <input type="radio"/> F <input type="radio"/>	

<b>Patient's date of birth</b>	<b>Date of care received</b>	<b>Admission date (if applicable)</b>	<b>Discharge date (if applicable)</b>

<b>Was this related to:</b>	<b>Check box that applies.</b>	<b>This was related to:</b>	<b>Other health insurance</b>
Beauty/Grooming	<input type="checkbox"/>	Other: _____	Yes <input type="radio"/> No <input type="radio"/>
Transportation	<input type="checkbox"/>		
Companion Care	<input type="checkbox"/>		

## Section 3 — Other insurance information

<b>Name of other insurance</b>	<b>Policy number</b>

I certify that the above information is true, and the enclosed material is correct and unaltered, and the expenses were incurred by the patient. I understand all material submitted becomes the property of Longevity Health Plan and will not be returned. I realize false receipt or fraudulent alterations of these materials will result in civil or criminal prosecution. I authorize the release of any information necessary to process or review this claim.

Sign after printing.

X \_\_\_\_\_  
Signature



## Member Reimbursement

How to submit your reimbursement form	Questions
<p><b>Mail to:</b> Longevity Health Plan Member Reimbursement 11780 US Highway One, Suite N107 North Palm Beach, FL 33408</p> <p><b>Keep a copy of all documents you send us. Allow 30 days for processing.</b></p>	<p>Call Customer Service at the number on the back of your Longevity Health Plan member ID card.</p>

Send the provider's statement and a copy of your paid receipt (if paid using personal check, please provide copies of the front and back of the check) with this form by U.S. mail or fax. Make sure the statement shows the patient's name, date of service, diagnosis code (a code that describes the condition), procedure code (a code that describes what service your provider is billing for), the amount charged for each service performed and proof of payment. If you have questions, please call Customer Service.

**To speed up our processing remember to:**

- Fill out a separate form for each claim.
- Mail only original receipts, including all pertinent information on provider's letterhead. Without this information, your claim will be returned to you. Cash register receipts, canceled checks, money orders and personal itemizations cannot be used in benefit payment consideration.
- Make copies of the original receipts for your files before sending us the original. We will keep all materials in our files and they cannot be returned to you.

If another health care plan has already paid a portion of the service, attach a copy of the explanation of benefits you received from that other plan.

Longevity Health Plan Inc. is an HMO I-SNP with a Medicare contract. Longevity Health Plan of New Jersey Inc. is a PPO I-SNP with a Medicare contract. Enrollment in Longevity Health Plan depends on contract renewal. Longevity Health Plan complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex.