



Member Reimbursement Form

INSTRUCTIONS	<ol style="list-style-type: none"> 1. Complete all information requested below. 2. Use a separate form for each family member. 3. Attach a copy of an itemized statement for each medical expense to include the following information: <ul style="list-style-type: none"> • Name of Patient • Who provided the service (doctor or facility name), address, phone number, TAX ID, and National Provider Identifier (NPI) • Procedure Code (description of service) • Diagnosis Code • Date(s) of Service • Amount charged for each service • Proof of Payment for services being requested for reimbursement 		
Section 1: Member Information			
Member ID <i>(listed on your member ID card)</i> :		Member Name:	
Address:		City:	State/Zip:
Patient Name:		Patient Date of Birth:	Relationship to Patient:
Section 2: Comments			
Please explain the reason for your claim/reimbursement request.			
Section 3: Signature			
The above statements and attachments are true and complete to the best of my knowledge.			
X _____		_____	
Signature		Date	



Section 4: Instructions

Mail to: **Virginia Premier**
 Attention: Member Reimbursement
 PO Box 4250
 Richmond, VA 23220-8250

If you have any questions, please contact Virginia Premier at 1-877-739-1370. TTY users call 711. We are open from October 1 to March 31, 8:00 am to 8:00 pm, 7 days a week, except on certain holidays. From April 1 to September 30 our hours are the same, but on weekends and some holidays our automated phone system will answer your call.

Please allow 30 days for processing.

Questions? Contact Member Services at 1-877-739-1370.

Virginia Premier Health Plan, Inc. is an HMO DSNP organization with a Medicare contract. Enrollment in any Virginia Premier Health Plan, Inc. plan depends on contract renewal.