Member Medical Reimbursement Claim Form

Use this claim form to be reimbursed for eligible out-of-pocket **medical** expenses. **MAIL** form and required documents to:
Wellcare By Trillium Advantage Member Reimbursement Department • P.O. Box 9030 • Farmington, MO 63640-9030.
Please submit one form per member.

Member Name _____ Member ID _____

Address _____ Telephone _____

City _____ State _____ ZIP Code _____

Please provide a brief description of your request:

Date of Service	Provider Name	Description of Service	Amount Requested

Total Amount of Reimbursement Request_____

I attest that the above information is true and accurate and that the services were received and paid for in the amount indicated above. I acknowledge that if any information on this form is misleading or fraudulent, I may be subject to criminal and/or civil penalties for submitting false health care claims.

Printed Name: _____ Signature: _____
Date: _____

HOW TO FILL OUT THIS FORM

IMPORTANT NOTE: Use this form when requesting reimbursement for MEDICAL services only. Please contact your Benefit Administrator or Member Services if the request is for routine Dental, Hearing, Transportation, Vision, Fitness or Flex card services. The contact information is on the back of your ID card.

For the reimbursement of Medical Services, FOLLOW THESE INSTRUCTIONS CAREFULLY:

A. Completion of this form.

- Print your name and Member ID number as shown on your Wellcare By Trillium Advantage ID Card.
- Provide your mailing address and include your telephone number.
- Describe why you are requesting reimbursement.
- Provide the date of service for which you are requesting reimbursement. (This is the date the service was rendered.) List separately each date of service or admission date for inpatient/hospital stays.
- Print the name of the doctor or facility that provided the service.
- Provide a brief description of the service that was provided. (If this request is for travel reimbursement, include the total mileage.)
- List the amount requested for the individual service line.
- Add all individual lines together and provide the total amount requested for the reimbursement of all services.

B. Each itemized bill MUST include all of the following information:

- Date of each service
- Place of each service – Doctor's Office, Independent Laboratory, Outpatient Hospital, Inpatient Hospital, Nursing Home, Patient's Home
- Description of each surgical or medical service or supply furnished
- Charge for EACH service
- Doctor's or supplier's name and address. Many times a bill will show the names of several doctors or suppliers. IT IS VERY IMPORTANT THAT YOU IDENTIFY THE ONE WHO TREATED YOU. Simply circle their name on the bill.

C. Proof of Payment documentation:

- Copy of canceled check (front and back)
- Credit card statement showing provider as paid
- Invoice/statement from provider showing provider's name, address, telephone number, date(s) of service, services rendered and balance marked paid with method of payment – cash, check or credit card

Wellcare By Trillium Advantage will review your request for reimbursement after you complete this form and attach an itemized bill and payment receipt from your doctor or supplier. All requests will be processed within [60] days of receipt. Please note, your bill must be paid in full **before** you can submit this request for reimbursement and all required documentation must be included with the request. MAIL form and required documents to: Wellcare By Trillium Advantage Member Reimbursement Department • P.O. Box 9030 • Farmington, MO 63640-9030.
Please contact your plan for details.

Do you think Trillium Community Health Plan (Trillium) has treated you unfairly?
Trillium must follow state and federal civil rights laws. It cannot treat people unfairly in any of its programs or activities because of a person's:

- Age
- Color
- Disability
- Gender identity
- Marital status
- National Origin
- Race
- Religion
- Sex
- Sexual orientation

You have a right to enter, exit, and use buildings and services. You have the right to get information in a way you understand. Trillium will make reasonable changes to policies, practices, and procedures by talking with you about your needs.

To report concerns or to get more information, please contact Member Services at 541-485-2155; Toll Free: 1-877-600-5472; TTY: 1-877-600-5473, Monday through Friday, 8:00 a.m. to 5:00 p.m. You can leave a message at other times, including weekends and federal holidays. We will return your call the next business day. The call is free.

If you believe you have been discriminated against, you may also contact:

Geno Allen, *Non-Discrimination Coordinator*
555 International Way, Building B
Springfield, OR 97477
Phone: 541-650-3618
Toll-free 1-877-600-5472 (TTY 711)
Email: Gilbert.E.Allen@TrilliumCHP.com
Web: www.trilliumohp.com/members/oregon-health-plan/for-members/member-satisfaction.html

You have a right to file a civil rights complaint with these organizations:

U.S. Department of Health and Human Services Office for Civil Rights (OCR)
Web: https://ocrportal.hhs.gov/ocr/smartscreen/main.jsf
Phone: (800) 368-1019, (800) 537-7697 (TDD)
Email: OCRComplaint@hhs.gov
Mail: Office for Civil Rights, 200 Independence Ave. SW, Room 509F, HHH Bldg., Washington, DC 20201

Oregon Health Authority (OHA) Civil Rights

Web: www.oregon.gov/OHA/OEI | Email: OHA.PublicCivilRights@state.or.us
Phone: (844) 882-7889, 711 TTY
Mail: Office of Equity and Inclusion Division, 421 SW Oak St., Suite 750, Portland, OR 97204

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Bureau of Labor and Industries Civil Rights Division
Phone: (971) 673-0764
Email: crdemail@boli.state.or.us
Mail: Bureau of Labor and Industries Civil Rights Division, 800 NE Oregon St., Suite 1045, Portland, OR 97232

You can get this letter in another language, large print, or another way that is best for you. You can also have a language interpreter. Call 1-844-867-1156 (TTY/TDD 711).

English
ATTENTION: If you do not speak English, language assistance services, free of charge, are available to you. Call 1-844-867-1156; TTY: 1-877-600-5473.

Español (Spanish)
ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1-844-867-1156; TTY: 1-877-600-5473.

Tiếng Việt (Vietnamese)
CHÚ Ý: Nếu bạn nói Tiếng Việt, có các dịch vụ hỗ trợ ngôn ngữ miễn phí dành cho bạn. Gọi số 1-844-867-1156; TTY: 1-877-600-5473.

繁體中文 (Chinese)
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1-844-867-1156; TTY: 1-877-600-5473.

Русский (Russian)
ВНИМАНИЕ: Если вы говорите на русском языке, то вам доступны бесплатные услуги перевода. Звоните 1-844-867-1156; TTY: 1-877-600-5473.

한국어 (Korean)
주의: 한국어를 사용하시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다. 1-844-867-1156; TTY: 1-877-600-5473.

Українська (Ukrainian)
УВАГА! Якщо ви розмовляєте українською мовою, ви можете звернутися до безкоштовної служби мовної підтримки. Телефонуйте за номером. 1-844-867-1156; TTY: 1-877-600-5473.

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日本語 (Japanese)
注意事項：日本語を話される場合、無料の言語支援をご利用いただけます。1-844-867-1156; TTY: 1-877-600-5473. まで、電話にてご連絡ください
Arabic:

تنبيه: إذا كنت تتحدث اللغة العربية فإن خدمات المساعدة اللغوية متاحة لك مجاناً. اتصل بـ على 1-844-867-1156 ، رقم هاتف الصم والبكم: 1-877-600-5473.

Română (Romanian)
ATENȚIE: Dacă vorbiți limba română, vă stau la dispoziție servicii de asistență lingvistică, gratuit. Sunați la 1-844-867-1156; TTY: 1-877-600-5473.

ខ្មែរ (Cambodian)
ប្រយ័ត្ន៖ បើសិនជាអ្នកនិយាយភាសាខ្មែរ, សេវាជំនួយផ្នែកភាសា ដោយមិនគិតឈ្នួល គឺអាចមានសំរាប់បំរើអ្នក។ ចូរ ទូរស័ព្ទ 1-844-867-1156; TTY: 1-877-600-5473.

Cushite
XIYYEEFFANNAA: Afaan dubbattu Oroomiffa, tajaajila gargaarsa afaanii, kanfaltiidhaan ala, ni argama. Bilbilaa 1-844-867-1156; TTY: 1-877-600-5473.

Deutsch (German)
ACHTUNG: Wenn Sie Deutsch sprechen, stehen Ihnen kostenlos sprachliche Hilfsdienstleistungen zur Verfügung. Rufnummer: 1-844-867-1156; TTY: 1-877-600-5473.

فارسی (Farsi)
توجه: اگر به زبان فارسی گفتگو می کنید، تسهیلات زبانی بصورت رایگان برای شما 1-844-867-1156; TTY: 1-877-600-5473.با تماس بگیرید. فراهم می باشد.

Français (French)
ATTENTION : Si vous parlez français, des services d'aide linguistique vous sont proposés gratuitement. Appelez le 1-844-867-1156; TTY: 1-877-600-5473

ภาษาไทย (Thai)
เรียน: ถ้าคุณพูดภาษาไทยคุณสามารถใช้บริการช่วยเหลือทางภาษาได้ฟรี โทร. 1-844-867-1156; TTY: 1-877-600-5473.