

Member Reimbursement Claim Form



This form may be used for Health Net Medicare products.

Important: Complete a separate Member Reimbursement Claim Form for each member asking for reimbursement for covered services and for each doctor and/or facility.

To avoid processing delays, please include the following information with this form:

- Copy of itemized bill showing all services received. Must include name, address, phone number, and tax ID number of doctor and/or facility and all diagnosis and procedure codes.
- Proof of payment.¹ (Keep a copy of all receipts and documents for your records.)
- If a member's representative completes this form, please fill out an Appointment of Representative (AOR) Form and attach it to the submission.

Mail all medical claims to:
Health Net Medicare Claims
PO Box 3060
Farmington, MO 63640-3822

or

Mail all behavioral health claims to:
(Arizona Only)
MHN Claims Department
PO Box 14621
Lexington, KY 40512-4621

Any missing information may cause a delay in processing your request.

**Section 1: Member information –
Please complete a separate form for each person who received services:**

Last name:	First name:	Middle initial:
<input type="text"/>	<input type="text"/>	<input type="text"/>
Member ID #:	Birth date:	
<input type="text"/>	<input type="text"/>	
	M	M D D Y Y Y Y
Home phone number:	Email address:	
<input type="text"/> - <input type="text"/> - <input type="text"/>	<input type="text"/>	
Address:		
<input type="text"/>		
City:	State:	ZIP code:
<input type="text"/>	<input type="text"/>	<input type="text"/>

(continued)

¹“Proof of Payment” includes, but is not limited to: a copy of the credit card charge slip, a cruise ship statement, canceled checks, a bank account statement, cash withdraw slips, or anything else that shows dates that match the medical service date. A valid receipt or doctor's statement is also acceptable if it shows the amount the member paid.

Section 2: Other insurance – Complete if it applies.



Is the member also covered by other medical insurance at this time?

Yes (Complete information below.) No

Name of insurance company:

Policy #:

Subscriber/Member ID #:

Does this member have Medicare coverage?

Yes No

**Section 3: Services received –
If services were received outside the U.S., please also complete Section 4.**

Name of doctor and/or facility:

Phone number of doctor and/or facility:

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Address of doctor and/or facility:

City:

State:

ZIP code:

Date of service:

Amount requested to be reimbursed:

M M D D Y Y Y Y

Medical description or nature of illness or injury:

Medical information authorization and release

I hereby authorize any physician, health care practitioner, hospital, clinic, or other medically related facility (as listed above) to furnish to Health Net, its agents, designees, or representatives any and all information pertaining to medical treatment for purposes of reviewing, investigating or evaluating applications or claims. I also authorize Health Net, its agents, designees, or representatives to disclose to a hospital or health care service plan, insurer or self-insurer any such medical information obtained if such disclosure is necessary to allow the processing of any claim. If my coverage is under a Group Benefit Agreement held by my employer, an association, trust fund, union, or similar entity, this authorization also permits disclosure to them to the extent necessary for utilization review or financial audit purposes. This authorization shall become effective immediately and shall remain in effect as long as Health Net is asked to process claims under my coverage. A photostatic copy of this authorization shall be considered as effective and valid as the original. I hereby certify that the above statements are correct.

Name of person completing form (please print):

Signature:

Date:

Relationship – description of authority to act on behalf of the member, if applicable:

M M D D Y Y Y Y

(continued)

Section 4: Foreign claims questionnaire



If you received health care services while traveling outside of the United States, or on a cruise in foreign or domestic waters, you'll need to complete this section. Be sure to answer every question so your claim can be processed quickly. Please provide all available documents for services received.

What dates were you traveling out of the country?

What was the nature of your emergency resulting in medical treatment?

How long were you ill before you received medical attention?

Were you admitted into the hospital?

Yes No

If treated as an outpatient, how many times did you see the doctor?

Name of the hospital, clinic or doctor's office where you received treatment: Date(s) of admission:

Address:

City:

ZIP code:

Country:

Phone number:

Name of treating physician:

Phone number:

Did you receive diagnostic tests?

Yes No

If "Yes," what type?

Were surgical procedures performed?

Yes No

If "Yes," what type?

Was your primary doctor in the U.S. notified?

Yes No

If "Yes," when?

Note: Only covered benefits or those deemed medically necessary will be considered for reimbursement.



Any person who knowingly presents a false or fraudulent claim for the payment of a loss may be guilty of a crime, and may be subject to criminal and civil penalties.

Health Net is contracted with Medicare for HMO, HMO SNP and PPO plans, and with some state Medicaid programs. Enrollment in Health Net depends on contract renewal.

FRM055867EC00 (12/21)

Nondiscrimination Notice

Health Net Life Insurance Company (Health Net) complies with applicable federal civil rights laws and does not discriminate, exclude people or treat them differently on the basis of race, color, national origin, ancestry, religion, marital status, gender, gender identity, sexual orientation, age, disability, or sex.

Health Net:

- Provides free aids and services to people with disabilities to communicate effectively with us, such as qualified sign language interpreters and written information in other formats (large print, accessible electronic formats, other formats).
- Provides free language services to people whose primary language is not English, such as qualified interpreters and information written in other languages.

If you need these services, contact Health Net's Customer Contact Center at:

Medicare Supplement Plans: 1-800-926-4178 (TTY: 711)

If you believe that Health Net has failed to provide these services or discriminated in another way based on one of the characteristics listed above, you can file a grievance by calling Health Net's Customer Contact Center at the number above and telling them you need help filing a grievance. Health Net's Customer Contact Center is available to help you file a grievance. You can also file a grievance by mail, fax or email at:

Health Net Life Insurance Company Appeals & Grievances
PO Box 10348, Van Nuys, CA 91410-0348

Fax: 1-877-831-6019

Email: Member.Discrimination.Complaints@healthnet.com (Covered Persons) or
Non-Member.Discrimination.Complaints@healthnet.com (Applicants)

You may submit a complaint by calling the California Department of Insurance at 1-800-927-4357 or online at <https://www.insurance.ca.gov/01-consumers/101-help/index.cfm>.

If you believe you have been discriminated against because of race, color, national origin, age, disability, or sex, you can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights (OCR), electronically through the OCR Complaint Portal, at <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>, or by mail or phone at: U.S. Department of Health and Human Services, 200 Independence Avenue SW, Room 509F, HHH Building, Washington, DC 20201, 1-800-368-1019 (TDD: 1-800-537-7697).

Complaint forms are available at <http://www.hhs.gov/ocr/office/file/index.html>.

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FLY055003EK00 (3/22)

English

No Cost Language Services. You can get an interpreter. You can get documents read to you and some sent to you in your language. Health Net Life Insurance Company members: Please call Member Services at 1-800-926-4178. If you're interested in learning more about becoming a Health Net Life member or getting information about our Medicare Supplement plans, please call Medicare Inside Sales at 1-800-944-7287.

Arabic

الخدمات اللغوية المجانية. يمكنك الحصول على مترجم فوري. يمكنك الحصول على مستندات تتم قراءتها عليك وتم إرسال بعض منها لك بلغتك. أعضاء شركة التأمين على الحياة التابعة لـ Health Net: يُرجى الاتصال بخدمات الأعضاء على الرقم 1-800-926-4178. إذا كنت مهتمًا بمعرفة المزيد عن أن تصبح عضوًا مدى الحياة في Health Net أو الحصول على معلومات عن الخطط التكميلية لبرنامج Medicare، يُرجى الاتصال بإدارة المبيعات الداخلية لبرنامج Medicare على الرقم 1-800-944-7287.

Armenian

Անվճար լեզվական ծառայություններ: Կարող եք բանավոր թարգմանիչ ստանալ: Կարող եք Ձեր լեզվով փաստաթղթերը ընթերցել տալ և մի քանիսը Ձեր լեզվով ստանալ: Health Net Life Insurance Company-ի համարները՝ Խնդրում ենք Անդամների սպասարկում զանգահարել 1-800-926-4178 համարով: Եթե ցանկանում եք հավելյալ տեղեկություն ստանալ Health Net Life-ի անդամ դառնալու կամ մեր Medicare-ի Լրացուցիչ ծրագրերի մասին տեղեկություն ստանալու վերաբերյալ, խնդրվում է զանգահարել Medicare-ի Ներքին վաճառք 1-800-944-7287 համարով:

Chinese

免費語言服務。您可以取得口譯服務。我們可以把文件朗讀給您聽，也可以把部分翻譯成您語言的文件寄送給您。Health Net Life Insurance Company 會員：請致電會員服務部，電話 1-800-926-4178。如果您希望瞭解成爲 Health Net Life 會員的更多詳情或取得有關我們的 Medicare 附加計畫資訊，請致電 Medicare 內部銷售部，電話 1-800-944-7287。

Hindi

बनिा लागत की भाषा सेवाएँ। आप एक दुभाषयिा प्राप्त कर सकते हैं। आपको दस्तावेज अपनी भाषा में पढ़कर सुनाए जा सकते हैं और कुछ आपकी भाषा में भेजे जा सकते हैं। Health Net Life Insurance Company के सदस्य: कृपया सदस्य सेवा के लिए 1-800-926-4178 पर कॉल करें। यदि आप Health Net Life का सदस्य बनने या हमारी Medicare Supplement योजनाओं के बारे में जानकारी प्राप्त करने में अधिक रुचि रखते हैं तो कृपया Medicare इनसाइड सेल्स को 1-800-944-7287 पर कॉल करें।

Hmong

Tsis Tau Them Tus Nqi Pab Txhais Ntaub Ntawv. Koj tuaj yeem tau txais ib tug kws txhais lus. Yeej muaj neeg nyeem cov ntaub ntawv no rau koj mloog thiab yuav muab txhais ua koj hom lus xa tuaj rau koj. Cov tswv cuab ntawm Lub Tuam Txhab Pab Kas Phais Txoj Sia Health Net Life: Thov hu rau tus xovtooj Pabcuam Tswvcuab rau ntawm 1-800-926-4178. Yog koj xav paub ntau ntxiv txog kev tau los ua ib tug tswvcuab ntawm Health Net Life lossis yog koj xav tau cov ntaub ntawv hais txog peb cov kev npaj Saib Xyuas Mob Nkeeg ntawm Medicare, thov hu rau Medicare Inside Sales rau ntawm tus xov tooj 1-800-944-7287.

Japanese

言語サービスは無料です。通訳をご利用いただけます。日本語で文書を読み上げたり、文書によっては日本語版をお届けすることも可能です。Health Net Life Insurance Companyのメンバーの方：メンバーサービス（1-800-926-4178）にお電話ください。Health Net Lifeへのご加入に関する詳細やメディケア補足保険（Medicare Supplement）プランの情報をご希望の方は、メディケア・インサイドセールス（1-800-944-7287）にお電話ください。

Khmer

សេវាកម្មភាសាឥតគិតថ្លៃ។ អ្នកអាចទទួលបានអ្នកបកប្រែបាន។ អ្នកអាចឱ្យគណនេរឯកសារជូនអ្នក និងជំរុញឯកសារខុសៗផ្សេងទៀត ជាភាសាខ្មែរ។ សមាជិក Health Net Life Insurance Company: សូមទូរស័ព្ទទៅជូនកែសម្រួលសមាជិក តាមលេខ 1-800-926-4178។ បើសិនអ្នកមានចំណង់ ចង់សួររំលែយលម្អិតអំពីការកុលាយជាសមាជិក Health Net Life ឬចង់បានព័ត៌មានអំពីគម្រប Medicare បន្ថែម របស់យើង សូមទូរស័ព្ទទៅ Medicare Inside Sales តាមលេខ 1-800-944-7287។

Korean

무료 언어 지원 서비스. 귀하는 통역사 서비스를 받으실 수 있습니다. 본인에게 편한 언어로 서류 낭독 서비스 및 번역 서비스를 받으실 수 있습니다. Health Net Life Insurance Company 가입자: 가입자 서비스 안내전화 1-800-926-4178번으로 전화하십시오. Health Net Life의 가입자가 되거나 Medicare 보조 플랜에 대해 더 많은 정보를 얻는 데 관심이 있으신 경우 1-800-944-7287번을 이용해 Medicare Inside Sales로 전화하십시오.

Navajo

Doo Báh Alínígóó Saad Bee áka'anída'awo'ígíí. Ná ata' halne'ígíí ła' nídiniłteehgo bee ná'ahoot'i'. Naaltsoos bee dahane'ígíí t'áá ni nizaad k'ehgo nich'í' yídóoltah dóo naaltsoos t'áá ni nizaad k'ehgo hadadilyaago nich'í' ádoolnííł. Díí Health Net Life Béeso Ách'ááh Naa'nil Bił Haz'ánígíí bił bá hada'dít'éhígíí: T'áá shqódí Naaltsoos Bił Bá Hada'dít'éhígíí Bee Áka'anída'awo' kohjí' bich'í' 1-800-926-4178 hodílnih. Health Net Life bił shá ha'didoolnííł dóo Medicare Supplement bił hada'dít'éhígíí bee baa hane'ígíí ła' shíł hodoonih nínízingo, t'áá shqódí Medicare Biyi' Bił Nida'iiniihígíí biniyé bich'í' kohjí' 1-800-944-7287 hodílnih.

Persian (Farsi)

خدمات رایگان زبانی. می توانید یک مترجم شفاهی بگیرید. می توانید درخواست کنید که اسناد به زبان شما برایتان قرائت شوند و بعضی از آنها برایتان ارسال شوند. اعضای Health Net Life Insurance Company: لطفاً با خدمات اعضا به شماره 1-800-926-4178 تماس بگیرید. اگر مایلید که اطلاعات بیشتری در مورد عضویت در Health Net Life یا اطلاعاتی در مورد برنامه های تکمیلی Medicare دریافت نمایید، لطفاً با Medicare Inside Sales به شماره 1-800-944-7287 تماس بگیرید

Punjabi (Punjabi)

ਨੈਂ ਕੌਸਟ ਲੈਗੂਏਜ਼ ਸਰਵਿਸਜ਼। ਤੁਸੀਂ ਇੱਕ ਦੁਭਾਸ਼ੀਆ ਪ੍ਰਾਪਤ ਕਰ ਸਕਦੇ ਹੋ। ਤੁਸੀਂ ਆਪਣੀ ਭਾਸ਼ਾ ਵਿੱਚ ਤੁਹਾਨੂੰ ਭੇਜੇ ਗਏ ਦਸਤਾਵੇਜ਼ਾਂ ਨੂੰ ਆਪਣੇ ਲਈ ਪੜ੍ਹ ਸਕਦੇ ਹੋ। Health Net Life Insurance Company ਮੈਂਬਰ: ਕਰਿਆ ਕਰਕੇ ਮੈਂਬਰ ਸਰਵਿਸਜ਼ ਨੂੰ 1-800-926-4178 ਤੇ ਕਾਲ ਕਰੋ। ਜੇਕਰ ਤੁਸੀਂ Health Net Life ਮੈਂਬਰ ਬਣਨ ਬਾਰੇ ਹੋਰ ਜਾਣਨ ਲਈ ਜਾਂ Medicare Supplement ਪਲਾਨਜ਼ ਬਾਰੇ ਜਾਣਕਾਰੀ ਪ੍ਰਾਪਤ ਕਰਨ ਵਿੱਚ ਦਲਿਚਸਪੀ ਰੱਖਦੇ ਹੋ, ਤਾਂ ਕਰਿਆ ਕਰਕੇ 1-800-944-7287 ਤੇ Medicare ਇਨਸਾਇਡ ਸੇਲਜ਼ ਨੂੰ ਕਾਲ ਕਰੋ।

Russian

Бесплатные услуги перевода. Вы можете воспользоваться услугами переводчика. Вам могут прочесть документы на русском языке и выслать переводы некоторых из них. Участники Health Net Life Insurance Company: Звоните в Отдел обслуживания участников (Member Services) по номеру 1-800-926-4178. Если Вы хотите получить дополнительную информацию о том, как стать участником Health Net Life или информацию о дополнительных планах Medicare, позвоните в отдел внутренних продаж программы Medicare (Medicare Inside Sales) по номеру 1-800-944-7287.

Spanish

Servicios de Idiomas Sin Costo. Usted puede solicitar un intérprete. Puede solicitar que se le lean los documentos y que algunos de ellos se le envíen en su idioma. Para los afiliados a Health Net Life Insurance Company: Llame al Departamento de Servicios al Afiliado al 1-800-926-4178. Si le interesa conocer más sobre cómo convertirse en afiliado/a a Health Net Life u obtener información sobre nuestros planes Suplementarios de Medicare, llame a Ventas Internas de Medicare al 1-800-944-7287.

Tagalog

Mga Libreng Serbisyo sa Wika. Maaari kayong kumuha ng tagasalang-wika (interpreter). Maaaring basahin sa inyo ang mga dokumento at ipadala sa inyo ang ilan nang nakasalin sa inyong wika. Mga miyembro ng Kumpanya ng Health Net Life Insurance: Pakitawagan ang Mga Serbisyo sa Miyembro sa 1-800-926-4178. Kung interesado kayong malaman ang higit pa tungkol sa pagiging miyembro ng Health Net Life o makakuha ng impormasyon tungkol sa aming mga plano ng Suplemento ng Medicare, pakitawagan ang Medicare Inside Sales sa 1-800-944-7287.

Thai

ไม่มีค่าบริการด้านภาษา คุณสามารถใช้สามได้ คุณสามารถให้อ่านเอกสารให้ฟัง หรือให้อ่านเอกสารส่งถึงคุณเป็นภาษาของคุณได้ สมาชิก Health Net Life Insurance Company: โทรหาแผนกบริการสมาชิกได้ที่ 1-800-926-4178 หากคุณสนใจที่จะเรียนรู้กับการสมัครเป็นสมาชิกของ Health Net Life หรือต้องการข้อมูลเกี่ยวกับ Medicare Supplement โทรหาแผนกขาย Medicare ได้ที่ 1-800-944-7287

Vietnamese

Dịch vụ ngôn ngữ miễn phí. Quý vị có thể yêu cầu phiên dịch viên. Quý vị có thể yêu cầu đọc các tài liệu và gửi một số tài liệu cho quý vị bằng ngôn ngữ của quý vị. Hội viên của Health Net Life Insurance Company: Vui lòng gọi tới Ban Phục vụ Hội viên theo số 1-800-926-4178. Nếu quý vị muốn tìm hiểu thêm thông tin về cách trở thành hội viên của Health Net Life hoặc nhận thông tin về các chương trình Medicare bổ túc, xin gọi cho Ban Kinh doanh Nội bộ Medicare theo số 1-800-944-7287.