



## Medicare Advantage Health Care Expense Claim Form

To be reimbursed by your Medicare Advantage plan for medical claims that you have paid, fill out this entire form and attach copies of any bills, receipts or itemized statements from all providers. For worldwide emergency and urgent care claims, include medical records. Be sure to include your Group number and your 9-digit member ID number on all pages of correspondence submitted. If you have questions, call Aspirus Health Plan Customer Service from 8 am – 8 pm, seven days a week at 715-631-7411 or 1-855-931-4850 toll-free. TTY users call 715-631-7413 or 1-855-931-4852 toll-free.

**Note:** For pharmacy reimbursement claim forms, please call customer service

Member Information			
Member Name	Date of Birth		
Member ID number (9 digits)	Group number		
Street Address	City	State	Zip
Claim Information			
Check appropriate box below if claim was due to one of the following:			
<input type="checkbox"/> Auto Accident <input type="checkbox"/> Work-related <input type="checkbox"/> Other Accident			
If you have other insurance, including travel insurance, that may cover all or part of this claim, please provide the insurance company name, address, policy number and group number here.			

Dates of Service		Place of Service Code*	Procedures, Services or Supplies*	Diagnosis Code*	Charges	Physician/Supplier Address, Phone, NPI*	Name,	Federal Tax ID*
From	To							
Dates of Service		Place of Service Code*	Procedures, Services or Supplies*	Diagnosis Code*	Charges	Physician/Supplier Address, Phone, NPI*	Name,	Federal Tax ID*
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From	To							

\*If you don't know where to find some of the requested information, ask your provider for the information needed to complete this form. Add more pages if necessary.

A person who submits an application or files a claim with intent to defraud, or helps commit fraud against an insurer is guilty of a crime.

**Authorization:** I authorize any health care professional or entity, employer, union, insurance company, health maintenance organization, other health plan company or prepayment organization to give Aspirus Health Plan any and all records or information pertaining to medical history or services rendered to me for evaluation of this claim, and for any analytical or research purposes. This authorization will expire one year from the date of signature unless I revoke it sooner.

Member Signature	Date
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Please keep copies of all correspondence and send a legible copy of all documents, including this completed claim form to:

Aspirus Health Plan  
Attn: Claims  
PO Box 51  
Minneapolis, MN 55440

Aspirus Health Plan, Inc. is a PPO plan with a Medicare contract. Enrollment in Aspirus Health Plan, Inc. depends on contract renewal.

## Notice of Availability

ATTENTION: Free language assistance services are available to you. Appropriate auxiliary aids and services to provide information in accessible formats are also available free of charge. Call 715.631.7411/1.855.931.4850 (TTY: 715.631.7413/1.855.931.4852).

ልብ ይበሉ:- የአማርኛ ቋንቋ የሚናገሩ ከሆነ፣ ነፃ የቋንቋ ድጋፍ አገልግሎት ለእርስዎ ቀርቦልዎታል። ተደራሽ በሆኑ ቅርፀቶች መረጃዎችን ለማቅረብ ተገቢ የሆኑ አጋዥ ድጋፍ ሰጪ መሳሪያዎች እና አገልግሎቶችም እንዲሁ በነፃ ቀርቦዎልዎል። በ 715.631.7411/1.855.931.4850 (TTY: 715.631.7413/ 1.855.931.4852) ይደውሉ.

تنبيه: إذا كنت تتحدث اللغة العربية، فستتوفر لك خدمات المساعدة اللغوية المجانية. كما تتوفر أيضًا المساعدات والخدمات المساعدة الإضافية لتوفير المعلومات بتنسيقات يسهل الوصول إليها مجانًا. يمكنك الاتصال على الرقم  
TTY: 715.631.7411/1.855.931.4850  
(715.631.7413/1.855.931.4852).

សូមជ្រាបជាដំណើរ៖ ប្រសិនបើអ្នកនិយាយភាសា ខ្មែរ សេវាកម្មជំនួយភាសាភក្តីតម្លៃអាចត្រូវបានផ្តល់ជូនសម្រាប់អ្នក។ ជំនួយ និងសេវាជំនួយសមស្របដើម្បីផ្តល់ព័ត៌មានក្នុងទម្រង់ដែលអាចចូលប្រើបានក៏ត្រូវបានផ្តល់ជូនដោយឥតគិតថ្លៃផងដែរ។ ទូរសព្ទទៅលេខ 715.631.7411/1.855.931.4850 (TTY: 715.631.7413/1.855.931.4852) ។

請注意：如果您講粵語，可得免費語言協助服務。還可免費提供適當的輔助工具和服務，能以無障礙格式提供資訊。請致電 715.631.7411/1.855.931.4850 (聽障專線：715.631.7413/1.855.931.4852)。

请注意：如果您说普通话，我们可为您免费提供语言协助服务。此外，我们还免费提供适当的辅助设备和服务，以无障碍格式提供信息。请致电 715.631.7411/1.855.931.4850 (TTY: 715.631.7413/1.855.931.4852)。

ATTENTION : Si vous parlez Français, des services d'assistance linguistique gratuits sont à votre disposition. Des aides et des services auxiliaires appropriés pour fournir des informations dans des formats accessibles sont également disponibles gratuitement. Appelez le 715.631.7411/1.855.931.4850 (ATS : 715.631.7413/1.855.931.4852).

ACHTUNG: Wenn Sie Deutsch sprechen, stehen Ihnen kostenlose Sprachassistentendienste zur Verfügung. Entsprechende Hilfsmittel und Dienste zur Bereitstellung von Informationen in barrierefreien Formaten stehen ebenfalls kostenlos zur Verfügung. Rufen Sie 715.631.7411/ 1.855.931.4850 (TTY: 715.631.7413/1.855.931.4852) an.

ध्यान दें: यदि आप हिंदी बोलते हैं, तो आपके ललए ननः शुल्क भाषा सहायता सेवाएं उपलब्ध हैं। सुलभ फॉर्मेट मँजानकारी प्रदान करनेके ललए उपयुक्त सहायक साधन और सेवाएंभी ननः शुल्क उपलब्ध हैं। 715.631.7411/1.855.931.4850 (TTY: 715.631.7413/1.855.931.4852) पर कॉल करें।

TSWM SEEB: Yog tias koj hais tau lus Hmoob, ces yuav muaj kev pab cuam txhais lus pub dawb rau koj siv. Kuj tseem muaj cov kev pab txhawb ntxiv thiab cov kev pab cuam uas tsim nyog los mus muab cov ntaub ntawv qhia paub nyob rau cov qauv uas nkag siv tau dawb thiab. Hu rau 715.631.7411/1.855.931.4850 (TTY: 715.631.7413/1.855.931.4852).

ໝາຍເຫດ: ການບໍລິການທາງດ້ານພາສາແມ່ນຜູ້ຮັບຮອງໃຫ້ບໍລິການແກ້ໄຂ. ນອກນັ້ນ, ຍັງມີການບໍລິການຊ່ວຍເຫຼືອ ແລະ ການບໍລິການເສີມທີ່ໝາະສົມເພື່ອໃຫ້ຂໍ້ມູນໃນຮູບແບບທີ່ທ່ານເຂົ້າເຖິງໄດ້ຜູ້ອື່ນ. ໂທ 715.631.7411/1.855.931.4850 (TTY: 715.631.7413/1.855.931.4852).

HUBACHIISA: Afaan Oromo kan dubbattan yoo ta'e, tajaajila gargaarsa afaanii bilisaan ni argattu. Odeeffannoo bifa dhaqqabamaa ta'een dhiheessuf, gargaarsii fi tajaajiloonna dabalataa mijatoo ta'anis bilisaan ni kennamu. Bilbilaa 715.631.7411/1.855.931.4850 (TTY: 715.631.7413/1.855.931.4852).

ВНИМАНИЕ: Если вы говорите на русском языке, вам доступны бесплатные услуги языковой помощи. Соответствующие вспомогательные средства и услуги по предоставлению информации в других форматах также можно получить бесплатно. Позвоните по номеру 715.631.7411/1.855.931.4850 (TTY: 715.631.7413/1.855.931.4852).

FIIRO GAAR AH: Haddii aad ku hadasho Af-Soomaali, adeegyada caawimaada luuqadda ee bilaashka ah ayaa lagu heli karaa. Kaalmooyinka iyo adeegyada dheeraadka ah ee kugu habboon si macluumaadka laguugu siiyo qaabab la isticmaali karo ayaa sidoo kale lagu heli karaa weliba si lacag la'aan ah. Wac 715.631.7411/1.855.931.4850 (TTY: 715.631.7413/1.855.931.4852).

ATENCIÓN: Si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. También disponemos de ayudas y servicios auxiliares adecuados de forma gratuita para facilitar información en formatos accesibles. Llame al 715.631.7411/1.855.931.4850 (TTY: 715.631.7413/1.855.931.4852).

PAUNAWA: Kung nagsasalita ka ng Tagalog, may magagamit kang mga libreng serbisyo ng tulong sa wika. Mayroon ding mga naaangkop na karagdagang pantulong at serbisyo para makapagbigay ng impormasyon sa mga accessible na format na magagamit nang libre. Tumawag sa 715.631.7411/1.855.931.4850 (TTY: 715.631.7413/1.855.931.4852).

CHÚ Ý: Nếu quý vị nói tiếng Việt, chúng tôi có sẵn dịch vụ hỗ trợ ngôn ngữ miễn phí cho quý vị. Ngoài ra, cũng có sẵn các hỗ trợ và dịch vụ phụ trợ thích hợp miễn phí nhằm cung cấp thông tin ở các định dạng có thể truy cập. Gọi 715.631.7411/1.855.931.4850 (TTY: 715.631.7413/1.855.931.4852).