

## **Health Care Expense Claim Reimbursement Form**

To be paid back for a medical claim, fill out this form. Include copies of bills, receipts or itemized statements from your providers. For worldwide emergency and urgent care claims, include your medical records. When you send us correspondence, make sure your member ID number is on all pages. If you have questions, call UCare Customer Service at 612-676-6840 or 1-877-447-4385 toll-free. TTY users call 612-676-6810 or 1-800-688-2534 toll-free.

To be paid back for a pharmacy claim, call customer service.

Member information						
Member name	Date of birth					
Member ID number	Group number					
Street address	City	State	Zip			
Claim information						
Check the appropriate box below if your claim is due to one of these:						
□ Auto accident □ Work-related □	Other accident					
If you have other insurance, including travel insurance, that may policy number and group number:	cover all or part of your claim, give	e us the insurance company	name, address,			

Dates of service	f	Place of service	Procedures, services or supplies*	Diagnosis code*	Charges	Physician/supplier name, address, phone, NPI*	Federal Tax ID*
From	То	code*					
Dates of service From	f To	Place of service code*	Procedures, services or supplies*	Diagnosis code*	Charges	Physician/supplier name, address, phone, NPI*	Federal Tax ID*
Dates of service From	f To	Place of service code*	Procedures, services or supplies*	Diagnosis code*	Charges	Physician/supplier name, address, phone, NPI*	Federal Tax ID*
Dates of service From	f To	Place of service code*	Procedures, services or supplies*	Diagnosis code*	Charges	Physician/supplier name, address, phone, NPI*	Federal Tax ID*
Dates of service From	f To	Place of service code*	Procedures, services or supplies*	Diagnosis code*	Charges	Physician/supplier name, address, phone, NPI*	Federal Tax ID*

<sup>\*</sup>If you don't have some of the information we need, check with your provider. Include more pages if you need them.

**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 UCare 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

Please keep copies of all correspondence. Send a legible copy of all documents, including this finished claim form, to:

**UCare** 

Attn: Claims PO Box 52

Minneapolis, MN 55440-0052

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

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## **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 612-676-3200/1-800-203-7225 (TTY: 612-676-6810/1-800-688-2534).

ልብ ይበሉ:- የአጣርኛ ቋንቋ የሚናገሩ ከሆነ፣ ነፃ የቋንቋ ድጋፍ አገልግሎት ለእርስዎ ቀርቦልዎታል። ተደራሽ በሆኑ ቅርፀቶች መረጃዎችን ለጣቅረብ ተገቢ የሆኑ ኢጋዥ ድጋፍ ሰጪ መሳሪያዎች እና አገልግሎቶችም እንዲሁ በነፃ ቀርበዋል። በ 612-676--3200/ 1-800-203-7225 (TTY: 612-676-6810/1-800-688-2534) 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 612-676-200/1-800-203-7225 (TTY: 612-676-6810/1-800-688-2534).

សូមជ្រាបជាដំណឹង៖ ប្រសិនបើអ្នកនិយាយភាសា ខ្មែរ សេវាកម្មជំនួយភាសាឥតគិតថ្លៃអាចត្រូវបានផ្តល់ជូនស ម្រាប់អ្នក។ ជំនួយ និងសេវាជំនួយសមស្របដើម្បីផ្តល់ព័ត៌ មានក្នុងទម្រង់ដែលអាចចូលប្រើបានក៏ត្រូវបានផ្តល់ជូន ដោយឥតគិតថ្លៃផងដែរ។ ទូរសព្ទទៅលេខ 612-676-3200/ 1-800-203-7225 (TTY: 612-676-6810/1-800-688-2534)។ 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612-676-3200/1-800-203-7225 (聽障專線:612-676-6810/1-800-688-2534)。

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612-676-3200/1-800-203-7225 (TTY:612-676-6810/1-800-688-2534)。

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 612-676-3200/1-800-203-7225 (ATS : 612-676-6810/1-800-688-2534).

ACHTUNG: Wenn Sie Deutsch sprechen, stehen Ihnen kostenlose Sprachassistenzdienste zur Verfügung. Entsprechende Hilfsmittel und Dienste zur Bereitstellung von Informationen in barrierefreien Formaten stehen ebenfalls kostenlos zur Verfügung. Rufen Sie 612-676-3200/ 1-800-203-7225 (TTY: 612-676-6810/ 1-800-688-2534) an.

ध्यान दें: यदि आप हिंदी बोलते हैं, तो आपकेललए नन: शुल्क भाषा सहायता सेवाएंउपलब्ध हैं। सुलभ फॉर्मेट मैंजानकारी प्रदान करनेकेललए उपयुक्त सहायक साधन और सेवाएंभी नन: शुल्क उपलब्ध हैं। 612-676-3200/1-800-203-7225 (TTY: 612-676-6810/ 1-800-688-2534) 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 612-676-3200/1-800-203-7225 (TTY: 612-676-6810/1-800-688-2534).

ໝາຍເຫດ: ການບໍລິການທາງດ້ານພາສາແມ່ນຟຣີພ້ອມໃຫ້ບໍລິ ການແກ່ທ່ານ. ນອກນັ້ນ, ຍັງມີການບໍລິການຊ່ວຍເຫຼືອ ແລະ ການບໍລິການເສີມທີ່ເໝາະສົມເພື່ອໃຫ້ຂໍ້ມູນໃນຮູບແບບທີ່ທ່ານເຂົ້າ ເຖິງໄດ້ຟຣີອີກນຳ. ໂທ 612-676-3200/1-800-203-7225 (TTY: 612-676-6810/1-800-688-2534).

HUBACHIISA: Afaan Oromo kan dubbattan yoo ta'e, tajaajila gargaarsa afaanii bilisaan ni argattu. Odeeffannoo bifa dhaqqabamaa ta'een dhiheessuf, gargaarsii fi tajaajiloonni dabalataa mijatoo ta'anis bilisaan ni kennamu. Bilbilaa 612-676-3200/1-800-203-7225 (TTY: 612-676-6810/1-800-688-2534).

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 612-676-3200/1-800-203-7225 (ТТҮ: 612-676-6810/1-800-688-2534).

FIIRO GAAR AH: Haddii aad ku hadasho Af-Soomaali, adeegyada caawimaada luuqadda ee bilaashka ah ayaa laguu heli karaa. Kaalmooyinka iyo adeegyada dheeraadka ah ee kugu habboon si macluumaadka laguugu siiyo qaabab la isticmaali karo ayaa sidoo kale laguu heli karaa weliba si lacag la'aan ah. Wac 612-676-3200/1-800-203-7225 (TTY: 612-676-6810/1-800-688-2534).

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 612-676-3200/1-800-203-7225 (TTY: 612-676-6810/1-800-688-2534).

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 612-676-3200/1-800-203-7225 (TTY: 612-676-6810/1-800-688-2534).

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 612-676-3200/1-800-203-7225 (TTY: 612-676-6810/ 1-800-688-2534).