

## Medicare Reimbursement Claim Form

This form is used for members who have paid out of pocket for medical services and are requesting reimbursement.

- Complete this form and attach your bill, receipts, and any other documentation related to this reimbursement request. Forms without the required information may delay the processing of your request.
- You must submit your claim to us within 12 months of the date you received medical services.
- Mail request to:  
Bright Health  
Medicare Advantage-Claims  
P.O. Box 853960  
Richardson, TX 75085-3960
- **For questions, call Bright Health Member Services 844-202-4793 (TTY: 711) 8 a.m. – 8 p.m. local time, 7 days a week Oct. 1 – March 31, Monday through Friday, April 1 – Sept. 30.**

### Member Information

Name:	Date of Birth:
Member ID:	Phone:

### Billing Information

Date of Service	Description of Service	Amount of Expense

**Comments**


In order to be eligible for reimbursement, the services must be covered under your Medicare Advantage plan. Coverage is subject to the benefit limitations in your *Evidence of Coverage* booklet.

To my knowledge, the statements I have submitted on this form are true and complete.

Signature \_\_\_\_\_ Date \_\_\_\_\_

Bright Health complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex.

ATTENTION: If you speak a language other than English, language assistance services, free of charge, are available to you. Call the number listed on your member ID card.

Bright Health plans are HMOs and PPOs with a Medicare contract. Bright Health’s New York D-SNP plan is an HMO with a Medicare contract and a Coordination of Benefits Agreement with New York State Department of Health. Our plans are issued through Bright Health Insurance Company or one of its affiliates. Enrollment in our plans depends on contract renewal.