



Mail or Fax to:
P.O. Box 30196
Salt Lake City, UT 84130-0196
Fax: 801-442-6580
selecthealthadvantage.org

Medical Claim Reimbursement Form

A. MEMBER INFORMATION

Name _____
Member ID# (found on your SelectHealth Advantage ID Card) _____
Ph# (_____) _____
Mailing Address _____
City _____ State _____ ZIP _____

B. OTHER INSURANCE INFORMATION

Does the member have other insurance besides SelectHealth Advantage? Yes No

If yes, please complete the following:

Insurance Company _____

Is this the member's primary insurance? Yes No

Other Insurance Company Policy ID# _____

Policyholder's Name _____ Date of Birth _____
(MM/DD/YY)

Policyholder's Relationship to Member _____

C. CLAIM INFORMATION

Provider or Facility _____ Provider or Facility Tax ID _____

National Provider ID (NPI) _____ Provider Phone Number _____

Date of Service _____ Billed Amount \$ _____
(MM/DD/YY)

Description of Services _____

Procedure Code _____ Diagnosis Code _____
(If you do not have, or know these codes, please leave them blank.)

D. RECEIPT

Tape one receipt in this space or include it with your mail or fax submission if too large to fit here.

Medical Claim Reimbursement Form Instructions

To ensure that your benefits are administered correctly and without delay, complete all of the information on this form and attach a copy of your receipt. If you are submitting multiple receipts, one reimbursement form is required for each receipt. Submit claims to the address below:

SelectHealth
P.O. Box 30196
Salt Lake City, UT 84130-0196

Claims submitted without the proper identification numbers may be delayed or returned for additional information. If you have questions, contact Member Services toll-free at **855-442-9900** during the following dates and times:

- **October 1 to February 14:** Weekdays 7:00 a.m. to 8:00 p.m., Saturday and Sunday 8:00 a.m. to 8:00 p.m.
- **February 15 to September 30:** Weekdays 7:00 a.m. to 8:00 p.m., Saturday 9:00 a.m. to 2:00 p.m., closed Sunday.

Outside of these hours of operation, please leave a message. Your call will be returned within one business day. TTY users please call 800-346-4128 (in Utah), 800-377-3529 (in Idaho), or 711.

- SelectHealth is an HMO plan sponsor with a Medicare contract. Enrollment in SelectHealth Advantage depends on contract renewal.
- SelectHealth complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex.
- ATENCIÓN: Si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1-855-442-9900 (TTY: 711).
- 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1-855-442-9900（TTY：711）。