



P.O. Box 30192 Salt Lake City, UT 84130-0192 800-538-5038 selecthealth.org

## Claim Reimbursement Form

### A. SUBSCRIBER AND MEMBER INFORMATION

Subscriber ID # (found on your SelectHealth ID Card) \_\_\_\_\_

Patient's Name \_\_\_\_\_ Patient's Date of Birth \_\_\_\_\_ (MM/DD/YY)

Relationship to Subscriber:  Self  Spouse  Dependent

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

### B. OTHER INSURANCE INFORMATION

Does the patient have other insurance besides SelectHealth?  Yes  No

If yes, please complete the following:

Insurance Company \_\_\_\_\_ Is this the patient's primary insurance?  Yes  No

Other Insurance Company Policy ID # \_\_\_\_\_

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

Policyholder's Relationship to Patient \_\_\_\_\_

### C. CLAIM INFORMATION

Provider or Facility \_\_\_\_\_ Provider or Facility Tax ID \_\_\_\_\_

National Provider ID (NPI) \_\_\_\_\_ Provider Phone Number \_\_\_\_\_

Physical Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Mailing Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

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

Description of Services \_\_\_\_\_

Procedure Code \_\_\_\_\_ Diagnosis Code (medical only) \_\_\_\_\_

Tooth Number and Surface Letter (dental only) \_\_\_\_\_

### D. RECEIPT

Tape one receipt in this space. *Please do not use staples.*

## Reimbursement Form Instructions

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

**SelectHealth**  
**P.O. Box 30192**  
**Salt Lake City, Utah 84130-0192**

Claims submitted without the proper identification numbers may be delayed or returned for additional information. If you have questions, call Member Services at **800-538-5038** weekdays, from 7:00 a.m. to 8:00 p.m., and Saturdays, from 9:00 a.m. to 2:00 p.m. TTY users, please call 711.

# Fair Treatment Notice

SelectHealth complies with Federal civil rights laws. We do not discriminate or treat you differently because of your race, color, national origin, age, disability, or sex.

We provide free:

- > Aid to those with disabilities to help them communicate with us, such as sign language interpreters and written information in other formats (large print, audio, electronic formats, other).
- > Language help for those whose first language is not English, such as Interpreters and member materials written in other languages.

For help, call SelectHealth Member Services at **1-800-538-5038** or SelectHealth Advantage Member Services at **1-855-442-9900** (TTY Users: 711).

If you feel you've been treated unfairly, call SelectHealth 504/Civil Rights Coordinator at **1-844-208-9012** (TTY Users: 711) or the Compliance Hotline at **1-800-442-4845** (TTY Users: 711). You may also call the Office for Civil Rights at **1-800-368-1019** (TTY Users: **1-800-537-7697**).

## Language Access Services

**ATENCIÓN:** Si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame a SelectHealth

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 SelectHealth。

**CHÚ Ý:** Nếu bạn nói Tiếng Việt, có các dịch vụ hỗ trợ ngôn ngữ miễn phí dành cho bạn. Gọi số SelectHealth.

주의: 한국어를 사용하시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다. SelectHealth. 번으로 전화해 주십시오.

Díí baa akó nínízin: Díí saad bee yáníłti'go Diné Bizaad, saad bee áká'ánída'áwo'dę'ę', t'áá jiik'eh, éi ná hólq', kojí' hódíílnih SelectHealth.

ध्यान दनुहोस्: तपार्इंले नेपाली बोलनुहुन्छ भने तपार्इंको नमितिभाषा सहायता सेवाहरू नःशुल्क रूपमा उपलब्ध छ । SelectHealth मा फोन गर्नुहोस्।

**FAKATOKANGA'I:** Kapau 'oku ke lea fakatonga, ko e kau fakatonu lea te nau tokoni atu ta'etotongi, pea te ke lava 'o ma'u ia. Telefoni ki he SelectHealth.

**ОБАВЕШТЕЊЕ:** Ако говорите српски језик, услуге језичке помоћи доступне су вам бесплатно. Позовите SelectHealth.

**PAUNAWA:** Kung nagsasalita ka ng Tagalog, maaari kang gumamit ng mga serbisyo ng tulong sa wika nang walang bayad. Tumawag sa SelectHealth.

**ACHTUNG:** Wenn Sie Deutsch sprechen, stehen Ihnen kostenlos sprachliche Hilfsdienstleistungen zur Verfügung. Rufnummer: SelectHealth.

**ВНИМАНИЕ:** Если вы говорите на русском языке, то вам доступны бесплатные услуги переводчика. Позвоните SelectHealth.

تدع اسمك لتامدخ نإف، ةيبرعلا ثدحتت تنك اذا: ةظوحلم  
تكرشب ل لصتا. ن اجملاب كل رفاوتت ةي وغللا  
SelectHealth.

សមគាល់: បីសិនជាអ្នកនិយាយ ភាសាខ្មែរ  
ស្នើរវាជំនួយជូនកែភាសា ជាយមិនគិតថ្លៃ  
គឺអាចមានសរាប់ អ្នក ។ សូមទូរស័ព្ទមក  
SelectHealth ។

**ATTENTION :** si vous parlez français, des services d'aide linguistique vous sont proposés gratuitement. Contactez SelectHealth.

注意事項：日本語を話される場合、無料の言語支援をご利用いただけます。SelectHealth. まで、お電話にてご連絡ください。

**SelectHealth: 1-800-538-5038**  
**SelectHealth Advantage: 1-855-442-9900**

