



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 _____ *Required*

National Provider ID (NPI) _____ *Required* Provider Phone Number _____

Physical Address _____

City _____ State _____ Zip _____

Mailing Address _____

City _____ State _____ Zip _____

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

Description of Services _____

Procedure Code _____ *Required* Diagnosis Code (medical only) _____ *Required*

NOTE: Your claim reimbursement may not be processed without a procedure and diagnosis code.

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.