Select Health

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

Claim Reimbursement Form

A. SUBSCRIBER AND MEMBER INFORMATION

We only reimburse for covered services, procedures, and diagnoses. To find out if a service is covered, please call Member Services at **800–538–5038.**

Subscriber ID # (found on your Select Health ID Card) _____

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

Patient's Phone #_____

Relationship to Subscriber: ❑ Self ❑ Spouse ❑ Dependent

Address _____

City _____ State _____ Zip _____

B. OTHER INSURANCE INFORMATION

Does the patient have other insurance besides Select Health? ❑ 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) _____ Provider Phone Number _____
Required

Physical Address _____

City _____ State _____ Zip _____

Mailing Address _____

City _____ State _____ Zip _____

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

Description of Services _____

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

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

Tooth Number and Surface Letter (dental only) _____

D. RECEIPT

Please enclose a copy of your receipt.

Reimbursement Form Instructions

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

Select Health
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 Saturday, from 9:00 a.m. to 2:00 p.m. TTY users, please call **711**.

Select Health obeys federal civil rights laws. We do not treat you differently because of your race, color, ethnic background or where you come from, age, disability, sex, religion, creed, language, social class, sexual orientation, gender identity or expression, and/or veteran status.

This information is available for free in other languages and alternate formats.

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

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

Select Health Medicare: **855-442-9900** (TTY: **711**) / Select Health: **800–538–5038**