Direct Member Reimbursement Request Form

For Medicare plan members

Dental, eyewear, hearing aids (including fittings/evaluations)

A	GENERAL INFORMATION
	Here's what you need to do: 1. Complete Section 1 of this form 2. Select the type of reimbursement from Section 2 3. Submit your request for reimbursement.
	Note: Please submit one (1) request per reimbursement form. If you have more than one service to submit, please fill out separate forms for each request.
	To submit your reimbursement request: • Attach your itemized receipt(s) and proof of payment to this form • Mail the completed form with an attached copy of your receipt(s) to the Medical claims address for your plan (found on the back of your Medica ID card)

Medica Group Advantage Solution℠ (PPO)	Or	Medica Prime Solution® (Cost), Medica Group Prime Solution℠ w/RX (Cost)
(Include 10-digit ID number below) Medica Government Programs P.O. Box 21342 Eagan, MN 55121		***(Include 9-digit ID number below)*** Medica Claims P.O. Box 30990 Salt Lake City, UT 84130

Please allow 60 calendar days from the date we receive your form to process your claim and send you a reimbursement check. Reimbursement requests must be made within 365 days from the date of service. You may submit multiple reimbursement requests on separate reimbursement forms for services up to the annual limit(s).

1	REIMBURSEMENT INFORMATION	
	Member information	
	Member name (as it appears on your Medica ID card):	
	Date of birth: ___ / ___ / _____	Phone number:
	Medica ID number:	Group number:
	Visit information	
	Facility name:	
	Facility location (City, State, ZIP):	
	Name of dentist (only required for dental service reimbursement):	
	Date of service: ___ / ___ / _____	Total amount you paid the provider*:

**You will be reimbursed for covered services.*

2	REIMBURSEMENT TYPE
	Please submit one (1) reimbursement form per service received
	❍ I'm requesting reimbursement for a **dental service** Applies to: Medica Group Advantage Solution℠ (PPO)[6], Medica Prime Solution® (Cost)[4], Medica Group Prime Solution℠ w/Rx (Cost)[6]
	We reimburse non-Medicare-covered dental services from any licensed dentist within the U.S. and its territories up to an annual limit.[1]
	❍ I'm requesting reimbursement for an **eyewear service** Applies to: Medica Group Advantage Solution℠ (PPO)[6], Medica Prime Solution® (Cost)[4], Medica Group Prime Solution℠ w/Rx (Cost)[6]
	We reimburse up to an annual limit for the purchase of non-Medicare-covered contact lenses, eyeglasses (lenses and frames), eyeglass lenses, eyeglass frames, and upgrades.[3] Medicare-covered eyewear following cataract surgery is covered by your plan and not eligible for reimbursement.
	❍ I'm requesting reimbursement for a **hearing service** Applies to: Medica Group Advantage Solution℠ (PPO)[6], Medica Prime Solution® (Cost)[4,5], Medica Group Prime Solution℠ w/Rx (Cost)[6]
	We reimburse up to a certain dollar amount toward hearing aid fittings/evaluations and hearing aid purchases each calendar year.[2]

Questions? We're here to help.

Call the Member Services number on the back of your Medica ID card. Visit **Medica.com/Forms** for additional copies of this form.

[1] Refer to the Dental services section in the Evidence of Coverage for your plan's limit. Dental services must be received within the calendar year and can't be used to pay for dental insurance premiums or as pre-payment for services not yet received.

[2] Replacement batteries aren't reimbursable under this benefit. Batteries are only covered if supplied in the original package from the factory with a hearing aid. Refer to the Hearing services section in the Evidence of Coverage for your plan's limit. Hearing aids may be purchased in or out of network.

[3] Contact lens cases aren't reimbursable under this benefit. Contact lens cases are only covered if supplied in original factory package with contact lens. Eyewear may be purchased in or out of network. Refer to the Vision care prescription eyewear allowance section in the Evidence of Coverage for your plan's limit.

[4] Not available on Medica Prime Solution Thrift (Cost) or Medica Prime Solution Thrift w/Rx (Cost).

[5] Not available on Medica Prime Solution Standard (Cost) or Medica Prime Solution Standard w/Rx (Cost).

[6] Not available on some Medica Group Advantage Plans (PPO) or Medica Group Prime Solution w/Rx (Cost) Plans.