

# THE CHOICE CARE CARD™

## Claim Form

Please complete, sign and date this claim form and attach all the appropriate documentation. Your plan is governed by IRS guidelines. In order to satisfy IRS requirements certain documentation is needed to process claims. Listed below are examples of what is sufficient documentation for submitted claims. Lack of the Employee's Social Security number, missing information and appropriate documentation will delay the processing of your claim.

### **\*Doctor visits, hospital visits etc.**

1. Office visit co-payments need a receipt from the doctor's office showing the date of service and the co-payment amount.
2. Office visits that are being applied towards deductible need a statement from the doctor's office showing the procedures performed, date of service and the claim being processed by insurance.

**-OR-**

A copy of your Explanation of Benefits<sup>1</sup> from your health insurance company

### **\*Prescriptions**

Prescription Claims must include the prescription receipt that indicates (1) for whom the prescription was written; (2) the date the prescription was filled; (3) the amount of the prescription and; (4) that the prescription has been submitted to the health insurance plan. If you do not have a copy of this receipt check with your pharmacy as most pharmacies keep these receipts on file.

### **\*Alternative Treatment (i.e. massage therapy, acupuncture)**

If this is your first time submitting a claim for alternative treatment, please attach a letter from the referring doctor or specialist performing the treatment that specifies the diagnosis and the treatment recommended.

\* Please note that the examples listed above may not be eligible under your plan. Please contact customer service at (888) 278-2555 if you have any questions about eligible expenses.

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<sup>1</sup> **Explanation of Benefits** – The statement sent to the insured by the health insurance company listing services provided, amount billed, eligible expenses, payment made by the health insurance company, and payment due from the insured. (8/9/2005)

**(over)**