

Member Reimbursement Form & Foreign Claim Questionnaire



This form may be used for Health Net Medicare products.

Important: Complete a separate Form for each member asking for reimbursement for covered services and for each doctor and/or facility.

To avoid processing delays, please include the following information with this form:

- Copy of itemized bill showing all services received. Must include name, address, phone number, and tax ID number of doctor and/or facility and all diagnosis and procedure codes.
- Proof of payment.¹ (Keep a copy of all receipts and documents for your records.)
- See the instructions in **Section 4 for Foreign Claim Questionnaire** for services received outside of the U.S.
- If a member's representative completes this form, please fill out an Appointment of Representative (AOR) Form and attach it to the submission.

Mail all medical claims to:
Health Net Medicare Programs
PO Box 9030
Farmington, MO 63640-9030

Mail all behavioral health claims to:
MHN Claims Department
PO Box 14621
Lexington, KY 40512-4621

Any missing information may cause a delay in processing your request.

**Section 1: Member information –
Please complete a separate form for each person who received services:**

Last name:	First name:	Middle initial
<input type="text"/>	<input type="text"/>	<input type="text"/>
Member ID #:	Birth date:	
<input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	
Home phone number:	Email address:	
<input type="text"/> - <input type="text"/> - <input type="text"/>	<input type="text"/>	
Address:		
<input type="text"/>		
City:	State:	ZIP code:
<input type="text"/>	<input type="text"/>	<input type="text"/>

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¹“Proof of Payment” includes, but is not limited to: a copy of the credit card charge slip, a cruise ship statement, canceled checks, a bank account statement, cash withdraw slips, or anything else that shows dates that match the medical service date. A valid receipt or doctor's statement is also acceptable if it shows the amount the member paid.

Section 2: Other insurance – Complete if it applies.



Is the member also covered by other medical insurance at this time?

Yes (Complete information below.) No

Name of insurance company:

Policy #:

Subscriber/Member ID #:

Does this member have Medicare coverage?

Yes No

**Section 3: Services received –
If services were received outside the U.S., please skip to Section 4.**

Name of doctor and/or facility:

Phone number of doctor and/or facility:

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Address of doctor and/or facility:

City:

State:

ZIP code:

Date of service:

Amount requested to be reimbursed:

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Medical description or nature of illness or injury:

Medical information authorization and release

I hereby authorize any physician, health care practitioner, hospital, clinic, or other medically related facility (as listed above) to furnish to Health Net, its agents, designees, or representatives any and all information pertaining to medical treatment for purposes of reviewing, investigating or evaluating applications or claims. I also authorize Health Net, its agents, designees, or representatives to disclose to a hospital or health care service plan, insurer or self-insurer any such medical information obtained if such disclosure is necessary to allow the processing of any claim. If my coverage is under a Group Benefit Agreement held by my employer, an association, trust fund, union, or similar entity, this authorization also permits disclosure to them to the extent necessary for utilization review or financial audit purposes. This authorization shall become effective immediately and shall remain in effect as long as Health Net is asked to process claims under my coverage. A photostatic copy of this authorization shall be considered as effective and valid as the original. I hereby certify that the above statements are correct.

Name of person completing form (please print):

Signature:

Date:

Relationship – description of authority to act on behalf of the member, if applicable:

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Section 4: Foreign claim questionnaire



If you received health care services while traveling outside of the United States, or on a cruise in foreign or domestic waters, you'll need to complete this section. Be sure to answer every question so your claim can be processed quickly. **Please provide all medical records given by the provider, such as a Face Sheet, Admission Sheet, Discharge paperwork, and any other paperwork provided, preferably in English.**

What dates were you traveling out of the country?

What was the nature of your emergency resulting in medical treatment?

How long were you ill before you received medical attention?

Were you admitted into the hospital?

Yes No

If treated as an outpatient, how many times did you see the doctor?

Name of the hospital, clinic or doctor's office where you received treatment: Date(s) of admission/service:

Address:

City:

ZIP code:

Country:

Phone number:

Name of treating physician:

Phone number:

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Section 4: Foreign claim questionnaire (cont.)



Amount requested to be reimbursed:

Did you receive diagnostic tests? Yes No
If "Yes," what type?

Were surgical procedures performed? Yes No
If "Yes," what type?

Was your primary doctor in the U.S. notified? Yes No
If "Yes," when?

Note: Only covered benefits or those deemed medically necessary will be considered for reimbursement.

Any person who knowingly presents a false or fraudulent claim for the payment of a loss may be guilty of a crime, and may be subject to criminal and civil penalties.

Section 1557 Non-Discrimination Language
Notice of Non-Discrimination

Health Net complies with applicable federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex. Health Net does not exclude people or treat them differently because of race, color, national origin, age, disability, or sex.

Health Net:

- Provides free aids and services to people with disabilities to communicate effectively with us, such as qualified sign language interpreters and written information in other formats (large print, accessible electronic formats, other formats).
- Provides free language services to people whose primary language is not English, such as qualified interpreters and information written in other languages.

If you need these services, contact Health Net's Customer Contact Center at California: 1-800-431-9007 (Jade, Sapphire, Amber, and HMO SNP), 1-800-275-4737 (all other HMO); Oregon: 1-888-445-8913 (HMO and PPO) (TTY: 711).

From October 1 to March 31, you can call us 7 days a week from 8 a.m. to 8 p.m. From April 1 to September 30, you can call us Monday through Friday from 8 a.m. to 8 p.m. A messaging system is used after hours, weekends, and on federal holidays.

If you believe that Health Net has failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability, or sex, you can file a grievance by calling the number above and telling them you need help filing a grievance; Health Net's Customer Contact Center is available to help you.

You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights, electronically through the Office for Civil Rights Complaint Portal, available at <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf> or by mail or phone at: U.S. Department of Health and Human Services, 200 Independence Avenue SW, Room 509F, HHH Building, Washington, DC 20201, 1-800-368-1019 (TDD: 1-800-537-7697).

Complaint forms are available at <http://www.hhs.gov/ocr/office/file/index.html>.

Health Net is contracted with Medicare for HMO, HMO SNP and PPO plans, and with some state Medicaid programs. Enrollment in Health Net depends on contract renewal.

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Section 1557 Non-Discrimination Language
Multi-Language Interpreter Services

SPANISH	ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al California: 1-800-431-9007 (Jade, Sapphire, Amber, and HMO SNP), 1-800-275-4737 (all other HMO); Oregon: 1-888-445-8913 (HMO and PPO) (TTY: 711).
CHINESE	注意：如果您說中文，您可以免費獲得語言援助服務。請致電 California: 1-800-431-9007 (Jade, Sapphire, Amber, and HMO SNP), 1-800-275-4737 (all other HMO); Oregon: 1-888-445-8913 (HMO and PPO) (TTY: 711)。
VIETNAMESE	CHÚ Ý: Nếu quý vị nói tiếng Việt, chúng tôi sẵn có dịch vụ hỗ trợ ngôn ngữ miễn phí dành cho quý vị. Xin gọi California: 1-800-431-9007 (Jade, Sapphire, Amber, and HMO SNP), 1-800-275-4737 (all other HMO); Oregon: 1-888-445-8913 (HMO and PPO) (TTY:711).
TAGALOG	PAUNAWA: Kung nagsasalita ka ng Tagalog, maaari kang gumamit ng mga serbisyo ng tulong sa wika nang walang bayad. Tumawag sa California: 1-800-431-9007 (Jade, Sapphire, Amber, and HMO SNP), 1-800-275-4737 (all other HMO) (TTY: 711).
KOREAN	주의: 한국어를 사용하시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다. California: 1-800-431-9007 (Jade, Sapphire, Amber, and HMO SNP), 1-800-275-4737 (all other HMO); Oregon: 1-888-445-8913 (HMO and PPO) (TTY: 711) 번으로 전화해 주십시오.
ARMENIAN	ՈՒՇԱԴՐՈՒԹՅՈՒՆ՝ Եթե խոսում եք հայերեն, ապա ձեզ անվճար կարող են տրամադրվել լեզվական աջակցության ծառայություններ: Ձանգահարեք: California: 1-800-431-9007 (Jade, Sapphire, Amber, and HMO SNP), 1-800-275-4737 (all other HMO) (TTY: 711).
PERSIAN	توجه: اگر زبان شما فارسی است، خدمات امداد زبانی به طور رایگان در اختیار شما می باشد. لطفاً با شماره California: 1-800-431-9007 (Jade, Sapphire, Amber, and HMO SNP), 1-800-275-4737 (all other HMO); Oregon: 1-888-445-8913 (HMO and PPO) تماس بگیرید. (TTY:711)
RUSSIAN	ВНИМАНИЕ: Если вы говорите на русском языке, то вам доступны бесплатные услуги перевода. Звоните California: 1-800-431-9007 (Jade, Sapphire, Amber, and HMO SNP), 1-800-275-4737 (all other HMO); Oregon: 1-888-445-8913 (HMO and PPO) (TTY: 711).
JAPANESE	注意事項：日本語を話される場合、無料の言語支援サービスをご利用いただけます。California: 1-800-431-9007 (Jade, Sapphire, Amber, and HMO SNP), 1-800-275-4737 (all other HMO); Oregon: 1-888-445-8913 (HMO and PPO) (TTY:711) にお電話ください。
ARABIC	تنبيه: إذا كنت تتحدث العربية، فإن خدمات المساعدة اللغوية المجانية متاحة لك. يُرجى الاتصال بالرقم. California: 1-800-431-9007 (Jade, Sapphire, Amber, and HMO SNP), 1-800-275-4737 (all other HMO); Oregon: 1-888-445-8913 (HMO and PPO) (مكبلا و مصلا فتا ه مقرر: 711).

PUNJABI	<p>ਧਿਆਨ ਦਿਓ: ਜੇ ਤੁਸੀਂ ਪੰਜਾਬੀ ਬੋਲਦੇ ਹੋ, ਤਾਂ ਤੁਹਾਡੇ ਲਈ ਭਾਸ਼ਾ ਸਹਾਇਤਾ ਸੇਵਾਵਾਂ ਬਿਲਕੁਲ ਮੁਫਤ ਉਪਲਬਧ ਹਨ। ਕਿਰਪਾ ਕਰਕੇ California: 1-800-431-9007 (Jade, Sapphire, Amber, and HMO SNP), 1-800-275-4737 (all other HMO) (TTY: 711) 'ਤੇ ਕਾਲ ਕਰੋ।</p>
MON-KHMER CAMBODIAN	<p>ចំណាបអារម្មណ៍: បេសនអ្នកនយោបាយភាសាខ្មែរ សេវាជំនួយភាសាដោយឥតគិតថ្លៃ គឺមានសរុបអ្នក។ សូម ទូរស័ព្ទទៅលេខ California: 1-800-431-9007 (Jade, Sapphire, Amber, and HMO SNP), 1-800-275-4737 (all other HMO); Oregon: 1-888-445-8913 (HMO and PPO) (TTY: 711) ។</p>
HMONG	<p>LUS CEEV: Yog tias koj hais lus Hmoob, cov kev pab txog lus, muaj kev pab dawb rau koj. Hu rau California: 1-800-431-9007 (Jade, Sapphire, Amber, and HMO SNP), 1-800-275-4737 (all other HMO) (TTY: 711).</p>
HINDI	<p>ध्यान दें: यदि आप हिंदी बोलते हैं, आपको भाषा सहायता सेवाएं, निःशुल्क उपलब्ध हैं। कृपया California: 1-800-431-9007 (Jade, Sapphire, Amber, and HMO SNP), 1-800-275-4737 (all other HMO) (TTY: 711) पर कॉल करें।</p>
THAI	<p>เรียน: ถ้าคุณพูดภาษาไทยคุณสามารถใช้บริการช่วยเหลือทางภาษาได้ฟรี โทร California: 1-800-431-9007 (Jade, Sapphire, Amber, and HMO SNP), 1-800-275-4737 (all other HMO); Oregon: 1-888-445-8913 (HMO and PPO) (TTY: 711).</p>
UKRAINIAN	<p>УВАГА! Якщо ви розмовляєте українською мовою, ви можете звернутися до безкоштовної служби мовної підтримки. Телефонуйте за номером Oregon: 1-888-445-8913 (HMO and PPO) (TTY: 711).</p>
ROMANIAN	<p>ATENȚIE: Dacă vorbiți limba română, vă stau la dispoziție servicii de asistență lingvistică, gratuit. Sunați la Oregon: 1-888-445-8913 (HMO and PPO) (TTY: 711).</p>
CUSHITE	<p>XIYYEEFFANNAA: Afaan dubbattu Oroomiffa, tajaajila gargaarsa afaanii, kanfaltiidhaan ala, ni argama. Bilbilaa Oregon: 1-888-445-8913 (HMO and PPO) (TTY: 711).</p>
GERMAN	<p>ACHTUNG: Wenn Sie Deutsch sprechen, stehen Ihnen kostenlos sprachliche Hilfsdienstleistungen zur Verfügung. Rufnummer Oregon: 1-888-445-8913 (HMO and PPO) (TTY: 711).</p>
FRENCH	<p>ATTENTION : Si vous parlez français, des services d'aide linguistique vous sont proposés gratuitement. Appelez le Oregon: 1-888-445-8913 (HMO and PPO) (TTY: 711).</p>