



Member Reimbursement Form

Member Name			<ul style="list-style-type: none"> • Include member information for the member who received care or supplies. Member Number and Group number are located on the front of the Definity Health ID card. • Submit a separate form for each family member. • You may submit multiple expenses for a specific member on one form.
Member Number	Group number	Date of birth	
Member Address			

****** In order to receive reimbursement, supporting documentation must be attached ******

FOR REIMBURSEMENT OF HEALTHCARE (Non Pharmacy) SERVICES We require a detailed account of the services provided, along with proof of payment. Please attach a claim form provided to you by your doctor's office. The form will consist of dates of service, procedure and diagnosis codes if applicable, and cost of service. You may also submit an Explanation of Benefits (EOB) from your primary insurance carrier as documentation for reimbursement. Submitted alone, the following DO NOT provide adequate information: balance due statements, cancelled checks, credit/debit card receipts.

FOR REIMBURSEMENT OF RETAIL PURCHASES covered by your Personal Care Account (PCA eligible services are listed on the Definity Health website), please attach a **receipt** clearly indicating all eligible items. We encourage you to keep a copy for your records.

PHARMACY CLAIMS should **NOT** be submitted on this form. Pharmacy reimbursement forms are available (if applicable) on your personalized Definity Health website, or by calling 866.DEFINITY (1.866.333.4648).

SEND your completed Member Reimbursement Form, a copy of your receipt(s) and claim(s) to:

**Definity Health
PO Box 9525
Amherst, NY 14226-9525**

Service Date	Provider or Store Name	Description of Health Service or Supplies	Reimbursement Amount (include sales tax if applicable)
<i>(Example)</i> 11/1/02	<i>Dr. John Doe</i>	<i>Office visit</i>	<i>\$50.00</i>

I certify that all listed expenses have not been reimbursed by any other source, nor will they be reimbursed by any other source.

Member Signature (or signature of guardian)

If you have additional questions, please call us toll-free @ 1.866.DEFINITY (866.333.4648)