

Member Request for Reimbursement

This policy informs you of how you may get reimbursed for medical services provided by a provider or doctor.

Please submit the following information within 365 days of the date of service:

1. a copy of your proof of payment; **and**
2. an itemized list of services provided by your doctor

Please ensure your information is written legibly on each piece of documentation and should include:

- Your first name
- Your last name
- Your date of birth
- Blue Medicare Advantage ID Number.
 - *Include the first 3 letters, in addition to the nine (9) digits.*
 - *For example: RKN123456789*
- *If not already on your itemized list:*
 - Provider or Doctor's name
 - Provider or Doctor's address
 - Provider or Doctor's phone number

If this information is not provided at the time of request, your request may be denied after two attempts to contact the provider or doctor for additional information.

FAX: 1-877-549-1746

MAIL:

Blue Medicare Advantage
ATTN: Government Program Claims
2301 Main St.
Kansas City, MO 64108

Services will be considered in accordance to the provisions outlined in your Evidence of Coverage, up to any limits of the benefit. Any service rendered out of network are subject to the out-of-network contract fee. You may be responsible for services not covered or services received beyond the limits of any benefit.