



## Member Reimbursement Form

### How to complete this form

- Complete the information below
- Attach a receipt of payment to this form
- For vision hardware, please attach a copy of your new prescription

### Please check one

- |   |  |
|---|--|
| <input type="checkbox"/> Flu shot (Z23, 90656)                                | <input type="checkbox"/> Transplant lodging and transportation       |
| <input type="checkbox"/> Vision (glasses or contacts)<br>(H54.7, V2020/V2500) | <input type="checkbox"/> Emergency care outside of the United States |
| <input type="checkbox"/> Hearing aid (H90.3, V5140)                           | <input type="checkbox"/> After cataract or Medicare covered eyewear  |
| <input type="checkbox"/> Durable medical equipment                            |  |

Member Name: \_\_\_\_\_ Member ID #: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Date of Service: \_\_\_\_\_

### To be completed by provider.

Provider name: \_\_\_\_\_

ICD 10 (Diagnosis) Code: \_\_\_\_\_ CPT Code: \_\_\_\_\_

NPI #: \_\_\_\_\_ Tax ID: \_\_\_\_\_

**Please mail this form to:** Network Health Medicare Advantage Plans  
Attn: Claims Department  
PO Box 568  
Menasha, WI 54952

**Or fax to:** 920-720-1910

If you need assistance with this form or have any questions, please call customer service at 800-378-5234 (TTY 800-947-3529), Monday–Friday 8 a.m. to 8 pm.

Network Health Medicare Advantage Plans include MSA and PPO plans with a Medicare contract. Network*Cares* is a PPO SNP plan with a Medicare contract and a contract with the Wisconsin Medicaid program. Enrollment in Network Health Medicare Advantage Plans depends on contract renewal. m-medop-mbrmbr.frm-1017 1333 m-cmp-ndmulti-small-0816

### **Nondiscrimination**

Network Health complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex.

### **Multi-language Interpreter Services**

If you, or someone you're helping, has questions about Network Health, you have the right to get help and information in your language at no cost. To talk to an interpreter, call 800-378-5234 (TTY 800-947-3529).

**Spanish:** Si usted, o alguien a quien usted está ayudando, tiene preguntas acerca de Network Health, tiene derecho a obtener ayuda e información en su idioma sin costo alguno. Para hablar con un intérprete, llame al 800-378-5234 (TTY 800-947-3529).

**Hmong:** Yog koj, los yog tej tus neeg uas koj pab ntawd, muaj lus nug txog Network Health, koj muaj cai kom lawv muab cov ntshiab lus qhia uas tau muab sau ua koj hom lus pub dawb rau koj. Yog koj xav nrog ib tug neeg txhais lus tham, hu rau 800-378-5234 (TTY 800-947-3529).