Direct Member Reimbursement Form

Health Plan of San Joaquin | Mountain Valley Health Plan

If you paid for services that Health Plan covers, you can request a refund from Health Plan.

To do this, you need to fill out this form and include a statement from your provider. The statement should show what services you received, how much they cost, and proof of that cost. Please note that just showing cash register or credit card receipts are not enough proof.

Keep in mind that refunds are not always guaranteed.

Member Information

***One form per patient per service.**

First Name _____ Last Name _____ Middle Initial _____

Health Plan ID Number _____ Date of Birth (mm/dd/yyyy) _____ Telephone Number _____

Member Mailing Address _____ City _____ State _____ Zip Code _____

Provider's Name _____ Provider's Telephone # _____

Reason for Request

***Check all that apply.**

- ☐ Out of Area Emergency
- ☐ Out of Area Urgent Care
- ☐ Did not have Health Plan Card
- ☐ Hospitalization in Canada or Mexico
- ☐ Transplant Accommodations/Related Services
- ☐ Other — explain on next page

If other, explain: _____

_____

_____

_____

If Health Plan is not your primary insurance and your primary insurance already paid for the service, complete this section.

Type of insurance that paid for the service:

- ☐ Medical Commercial
- ☐ Medicare

_____

Provider's Name

_____ _____

Primary Member/Subscriber's Name (Last Name, First Name, MI) | Primary Member/Subscriber's ID #

I confirm that the person listed on this form is a member of Health Plan. I also confirm that the service(s) provided were for this person.

_____ _____

Member's Signature | Date

**Claim(s) without the Member's signature will be rejected.*

This form and backup materials can be sent by:

Mail: Health Plan of San Joaquin
Mountain of Valley Health Plan
7751 South Manthey Road
French Camp, CA 95231

Fax: 209-461-2550

Email: customerservice@hpsj.com

Letters about this claim will go to the member. Not all claims will be paid, there are some rules that may limit what can be claimed, and there are certain things that are not covered.

If you have questions, call our Customer Service Department at 1-888-936-7526 (TTY: 711), Monday through Friday, between 8:00 AM and 5:00 PM Pacific Standard Time (PST). If needed, an interpreter will be provided free of charge.