

## Direct Member Reimbursement Form

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

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Member Mailing Address

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City

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State

---

Zip Code

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Provider's Name

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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.**

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Member's Signature

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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.