



P.O. Box 30192 Salt Lake City, UT 84130-0192 801-442-5038/800-538-5038 selecthealth.org

Medical Claim Reimbursement Form

A. SUBSCRIBER AND MEMBER INFORMATION

Subscriber ID # (found on your SelectHealth ID Card) _____

Patient's Name _____ Patient's Date of Birth _____ (MM/DD/YY)

Relationship to Subscriber: Self Spouse Dependent

Address _____

City _____ State _____ Zip _____

B. OTHER INSURANCE INFORMATION

Does the patient have other insurance besides SelectHealth? Yes No

If yes, please complete the following:

Insurance Company _____ Is this the patient's primary insurance? Yes No

Other Insurance Company Policy ID # _____

Policyholder's Name _____ Date of Birth _____ (MM/DD/YY)

Policyholder's Relationship to Patient _____

C. CLAIM INFORMATION

Provider or Facility _____ Provider or Facility Tax ID _____

National Provider ID (NPI) _____ Provider Phone Number _____

Date of Service _____ Billed Amount \$ _____ (MM/DD/YY)

Description of Services _____

Procedure Code _____ Diagnosis Code _____

D. RECEIPT

Tape one receipt in this space. Please do not use staples.

Medical Claim Reimbursement Form Instructions

To ensure that your benefits are administered correctly and without delay, complete all of the information on this form. Attach a copy of your receipt to this form. If you are submitting multiple receipts, one reimbursement form is required for each receipt. Submit claims to the address below:

SelectHealth
P.O. Box 30192
Salt Lake City, Utah 84130-0192

Claims submitted without the proper identification numbers may be delayed or returned for additional information. If you have questions, call Member Services at **801-442-5038** (Salt Lake area) or **800-538-5038** weekdays, from 7:00 a.m. to 8:00 p.m., and Saturdays, from 9:00 a.m. to 2:00 p.m.



Non-Discrimination Notice

SelectHealth complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex. We do not exclude people or treat them differently because of race, color, national origin, age, disability, or sex.

We provide free aid and services to people with disabilities to help them communicate effectively with us, such as qualified sign language interpreters and written information in other formats (large print, audio, accessible electronic formats, other formats). We also provide free language services to people whose primary language is not English, such as qualified interpreters and member materials written in other languages.

If you need these services, please call SelectHealth Member Services at **1-800-538-5038**. Any member or other person who believes he/she may have been subject to discrimination may file a complaint or grievance by calling the SelectHealth 504/Civil Rights Coordinator at **1-844-208-9012** or the Compliance Hotline at **1-800-442-4845** (TTY Users: 711). You may also call the Office for Civil Rights at **1-800-368-1019** (TTY Users: **1-800-537-7697**).

Language Access Services

Spanish

ATENCIÓN: Si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame a SelectHealth: **1-800-538-5038**.

Chinese

注意：如果您使用繁體中文，您可以免費獲得語言援助服務。請致電 SelectHealth: **1-800-538-5038**。

Vietnamese

CHÚ Ý: Nếu bạn nói Tiếng Việt, có các dịch vụ hỗ trợ ngôn ngữ miễn phí dành cho bạn. Gọi số SelectHealth: **1-800-538-5038**.

Korean

주의: 한국어를 사용하시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다. SelectHealth: **1-800-538-5038**.

번으로 전화해 주십시오.

Navajo

Díí baa akó nínízin: Díí saad bee yáníłti'go Diné Bizaad, saad bee áká'ánída'áwo'de'ę', t'áá jiik'eh, éí ná hółq', koji' hódííłnih SelectHealth: **1-800-538-5038**.

Nepali

ध्यान दनिहोस्: तपार्इंले नेपाली बोल्नुहुन्छ भने तपार्इंको नमितिभाषा सहायता सेवाहरू नःशुल्क रूपमा उपलब्ध छ | SelectHealth: **1-800-538-5038** मा फोन गर्नुहोस्।

Tongan

FAKATOKANGA'I: Kapau 'oku ke lea fakatonga, ko e kau fakatonu lea te nau tokoni atu ta'etotongi, pea te ke lava 'o ma'u ia. Telefoni ki he SelectHealth: **1-800-538-5038**.

Serb-Croatian

ОБАВЕШТЕЊЕ: Ако говорите српски језик, услуге језичке помоћи доступне су вам бесплатно. Позовите SelectHealth: **1-800-538-5038**.

Tagalog

PAUNAWA: Kung nagsasalita ka ng Tagalog, maaari kang gumamit ng mga serbisyo ng tulong sa wika nang walang bayad. Tumawag sa SelectHealth: **1-800-538-5038**.

German

ACHTUNG: Wenn Sie Deutsch sprechen, stehen Ihnen kostenlos sprachliche Hilfsdienstleistungen zur Verfügung. Rufnummer: SelectHealth: **1-800-538-5038**.

Russian

ВНИМАНИЕ: Если вы говорите на русском языке, то вам доступны бесплатные услуги переводчика. Позвоните SelectHealth: **1-800-538-5038**

Arabic

تدعاسملا تامدخ نإف، ةيبرعلا ثدحتت تنك اذا: ةظوحلم
ةكشرشب ل لصتا. ن اجملاب كل رفاوتت ةيوجلل
SelectHealth: **1-800-538-5038**.

Mon-khmer, Cambodian

សម្ពាធា៖ ប៊ីសិនជាអ្នកនិយាយ ភាសាខ្មែរ
ស្តីទៅជំនួយជូនកែភាសា ដោយមិនគិតថ្លៃ
គឺអាចមានសំរាប់ អ្នក។ សូមទូរស័ព្ទមក
SelectHealth: **1-800-538-5038** ។

French

ATTENTION : si vous parlez français, des services d'aide linguistique vous sont proposés gratuitement. Contactez SelectHealth: **1-800-538-5038**.

Japanese

注意事項：日本語を話される場合、無料の言語支援をご利用いただけます。SelectHealth: **1-800-538-5038**。まで、お電話にてご連絡ください。