



Member Medical Reimbursement Claim Form

Use this claim form to be reimbursed for eligible out-of-pocket **medical** expenses. **MAIL** form and required documents to:
Wellcare By Trillium Advantage Member Reimbursement Department • P.O. Box 9030 • Farmington, MO 63640-9030.
Please submit one form per member.

IMPORTANT NOTE: Use this form when requesting reimbursement for **MEDICAL** services only. This form is **NOT** to be used for Pharmacy Reimbursements. Please contact your Benefit Administrator or Member Services if the request is for Pharmacy, Part D, routine Dental, Hearing, Transportation, Vision, Fitness or Flex card services. The contact information is on the back of your ID card.

For the reimbursement of Medical Services, FOLLOW THESE INSTRUCTIONS CAREFULLY:

A. Completion of this form.

- Print your name and Member ID number as shown on your Wellcare By Trillium Advantage ID Card.
- Provide your mailing address and include your telephone number.
- Describe why you are requesting reimbursement.
- Provide the date of service for which you are requesting reimbursement. (This is the date the service was rendered.) List separately each date of service or admission date for inpatient/hospital stays.
- Print the name of the doctor or facility that provided the service.
- Provide a brief description of the service that was provided.
- List the amount requested for the individual service line.
- Add all individual lines together and provide the total amount requested for the reimbursement of all services.

B. Each itemized bill **MUST** include all the following information:

- Date of each service
- Place of each service – Doctor’s Office, Independent Laboratory, Outpatient Hospital, Inpatient Hospital, Nursing Home, Patient’s Home
- Description of each surgical or medical service or supply furnished
- Charge for EACH service
- Doctor’s or supplier’s name and address. Many times, a bill will show the names of several doctors or suppliers. **IT IS VERY IMPORTANT THAT YOU IDENTIFY THE ONE WHO TREATED YOU.** Simply circle their name on the bill.

C. Proof of Payment documentation:

- Copy of canceled check (front and back)
- Credit card statement showing provider as paid
- Invoice/statement from provider showing provider’s name, address, telephone number, date(s) of service, services rendered and balance marked paid with method of payment – cash, check or credit card

Member Name _____ Member ID _____

Address _____ Telephone: _____

City _____ State _____ ZIP Code: _____

Please provide a brief description of your request:

Date of Service	Provider Name	Description of Service	Amount Requested

Total Amount of Reimbursement Request _____

I attest that the above information is true and accurate and that the services were received and paid for in the amount indicated above. I acknowledge that if any information on this form is misleading or fraudulent, I may be subject to criminal and/or civil penalties for submitting false health care claims.

Printed Name: _____ Signature: _____

Date: _____

Wellcare By Trillium Advantage will review your request for reimbursement after you complete this form and attach an itemized bill and payment receipt from your doctor or supplier. All requests will be processed within [60] days of receipt. Please note, your bill must be paid in full **before** you can submit this request for reimbursement and all required documentation must be included with the request. MAIL form and required documents to: Wellcare By Trillium Advantage Member Reimbursement Department • P.O. Box 9030 • Farmington, MO 63640-9030.

Please contact your plan for details.

Do you think Trillium Community Health Plan (Trillium) has treated you unfairly?

Trillium must follow state and federal civil rights laws. It cannot treat people unfairly in any of its programs or activities because of a person's:

- Age
- Gender identity
- Race
- Sexual orientation
- Color
- Marital status
- Religion
- Disability
- Health Status
- National Origin
- Sex

You have a right to enter, exit, and use buildings and services. You have the right to get information in a way you understand. Trillium will make reasonable changes to policies, practices, and procedures by talking with you about your needs.

To report concerns, get help filing a complaint or to get more information, please contact Member Services at **1-541-485-2155**; Toll Free: **1-877-600-5472**; TTY: **1-877-600-5473**, Monday through Friday, 8:00 a.m. to 5:00 p.m. You can leave a message at other times, including weekends and federal holidays. We will return your call the next business day. The call is free.

If you believe you have been discriminated against, you may also contact:

Emily Farrell, Non-Discrimination Coordinator

555 International Way, Building B
Springfield, OR 97477

Phone: **1-541-214-3948**

Toll-free: **1-844-867-1156** (TTY **711**)

Email: **emilyann.farrell@TrilliumCHP.com**

Web: **<https://wellcare.trilliumadvantage.com/legal/nondiscrimination-notice.html>**

You have a right to file a civil rights complaint with these organizations:

U.S. Department of Health and Human Services Office for Civil Rights (OCR)

Web: **<https://ocrportal.hhs.gov/ocr/smartscreen/main.jsf>**

Phone: **1-800-368-1019, 1-800-537-7697** (TDD)

Email: **OCRComplaint@hhs.gov**

Mail: Office for Civil Rights, 200 Independence Ave. SW, Room 509F, HHH Bldg., Washington, DC 20201

Oregon Health Authority (OHA) Civil Rights

Web: **www.oregon.gov/OHA/OEI**

Phone: **1-844-882-7889**, (TTY **711**)

Email: **OHA.PublicCivilRights@odhsoha.oregon.gov**

Mail: Office of Equity and Inclusion Division, 421 SW Oak St., Suite 750, Portland, OR 97204

Bureau of Labor and Industries Civil Rights Division

Phone: **1-971-673-0764**

Email: **crdemail@boli.state.or.us**

Mail: Bureau of Labor and Industries Civil Rights Division, 800 NE Oregon St., Suite 1045, Portland, OR 97232

You can get this letter in another language, large print, or another way that is best for you. You can also have a language interpreter. This help is free. Call **1-844-867-1156** (TTY/TDD **711**).

Puede recibir esta carta en otro idioma, en letra grande o en otro formato que sea más conveniente para usted. También puede acceder a servicios de interpretación. Esta asistencia es gratuita. Llame al **1-844-867-1156** (TTY/TDD **711**).

English

ATTENTION: If you do not speak English, language assistance services, free of charge, are available to you. Call **1-844-867-1156**; TTY: **1-877-600-5473**

Español (Spanish)

ATENCIÓN: Si no habla Inglés, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al **1-844-867-1156**; TTY: **1-877-600-5473**

Tiếng Việt (Vietnamese)

CHÚ Ý: Nếu quý vị không nói tiếng Anh, có các dịch vụ trợ giúp ngôn ngữ miễn phí dành cho quý vị. Gọi số **1-844-867-1156**; TTY: **1-877-600-5473**

繁體中文 (Chinese)

注意：如果您不會講英語，我們有提供免費的語言協助服務。請致電 **1-844-867-1156**；TTY：**1-877-600-5473**

Русский (Russian)

ВНИМАНИЕ! Если вы не говорите по-английски, вы можете бесплатно получить помощь переводчика. Позвоните по номеру **1-844-867-1156**; TTY: **1-877-600-5473**

한국어 (Korean)

주의: 영어 외 다른 언어를 사용하시는 분은 무료로 언어 지원 서비스를 이용할 수 있습니다. 전화: **1-844-867-1156**; TTY: **1-877-600-5473**

Українська (Ukrainian)

УВАГА: якщо ви не володієте англійською мовою, вам доступні безкоштовні послуги мовної підтримки. Телефонуйте за номером **1-844-867-1156**; TTY: **1-877-600-5473**

日本語 (Japanese)

注意：英語を話さない方は、無料で言語支援サービスを利用できます。**1-844-867-1156**（TTY: **1-877-600-5473**）までお電話ください。

:العربية (Arabic)

ملاحظة: إذا كنت لا تجيد التحدث باللغة الإنجليزية، فنحن نوفر لك خدمات مساعدة لغوية مجانية. اتصل بالرقم **1-844-867-1156**؛ الهاتف النصي: **1-877-600-5473**

Română (Romanian)

ATENȚIE: Dacă nu vorbiți limba engleză, aveți la dispoziție gratuit servicii de asistență lingvistică. Apelați numărul de telefon **1-844-867-1156**; TTY: **1-877-600-5473**

ខ្មែរ (Cambodian)

ចំណាំ៖ បុរសិនបីអ្នកមិននិយាយភាសាអង់គ្លេសទេ នោះមានសេវាជំនួយផ្លូវភាសាដោយឥតគិតថ្លៃសម្រាប់អ្នក។ សូមទូរសព្ទទៅលេខ **1-844-867-1156**; TTY: **1-877-600-5473**

Afaan Oromoo (Oromo)

XIYYEEFFANNO: Afaan Ingiliffaa hin dubbattu taanan, gargaarsi tajaajiloota afaanii, kan kaffaltii irraa bilisaa siif jira. **1-844-867-1156** irratti bilbila; TTY: **1-877-600-5473**

Deutsch (German)

ACHTUNG: Wenn Sie kein Englisch sprechen, stehen Ihnen kostenlos Sprachdienstleistungen zur Verfügung. Rufen Sie dazu folgende Nummer an: **++1-844-867-1156**; TTY: **++1-877-600-5473**

(Farsi) فارسی

توجه: اگر به زبان انگلیسی صحبت نمی‌کنید، خدمات کمک‌زبانی به صورت رایگان در اختیار شما قرار می‌گیرد. با شماره **1-844-867-1156** تماس بگیرید؛ شماره برای ناشنویان: **1-877-600-5473**

Français (French)

ATTENTION : si vous ne parlez pas anglais, des services d'assistance linguistique gratuits sont à votre disposition. Appelez le **1-844-867-1156** ; TTY : **1-877-600-5473**.

ภาษาไทย (Thai)

หมายเหตุ: หากคุณใช้ภาษาอังกฤษไม่ได้ เรามีความช่วยเหลือด้านภาษาฟรีพร้อมให้บริการแก่คุณ โทร **1-844-867-1156**; TTY: **1-877-600-5473**