



Member Medical Claim Reimbursement Form

Claim Filing: Please make sure you and your physician or healthcare professional complete this form in its entirety in order to receive timely reimbursement for covered medical services.

Note: If your reimbursement request is for **at-home COVID-19 testing**, please use "N/A" on the fields below that do not apply.

MEMBER INFORMATION			
Patient Name:		Patient ID Number:	
Subscriber Name:	Patient Date of Birth:	Patient Phone Number: ()	
Address:			
City:	State:	Zip Code:	
PROVIDER INFORMATION			
Provider Name:			
Provider Phone #: ()		Provider TIN/NPI Number:	
Provider Address:			
City:	State:	Zip Code:	
BILLING/CLAIM INFORMATION			
Payment Authorization: I authorize payment directly to the healthcare providers indicated on the enclosed bill for medical benefits otherwise payable to me for services rendered by them. <input type="checkbox"/> If yes, please check box and sign: _____			
Place of Service: <input type="checkbox"/> Doctor's Office <input type="checkbox"/> Home <input type="checkbox"/> Hospital (Inpatient) <input type="checkbox"/> Hospital (Outpatient) Please check one: <input type="checkbox"/> Urgent Care/Emergency Room <input type="checkbox"/> Other Healthcare Professional (Durable Medical Equipment, Lab, etc.)			
Date of Service:		Total Paid:	
Is the COVID-19 test for employment? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Diagnosis Code:	1.	2.	3.
CPT/HCPCS/REV Code:	Procedure, Medical Services, or Supplies Description		Number of Services/Units/Tests
			Charges
I certify that the above statements are true and correct. <input type="checkbox"/>	Signature:		Date:

INSTRUCTIONS FOR FILING A MEMBER REIMBURSEMENT CLAIM

- Type or print requested information when completing the form.
- A separate member reimbursement request form must be completed for each patient, by each provider.
- Do not submit a form if your physician or other healthcare professional is also filing a claim to True Health New Mexico for the same service.
- Attach an itemized statement, itemized receipt, or claim form for each service.
- Attach explanations of benefits from other primary insurance carriers, if applicable.
- Please keep photocopy of each itemized bill or receipt for your records. Receipts will not be returned.
- All foreign claims must be translated, and currency must be converted to U.S. dollars.
- Claims must be filed within 1 year (365 days) from the date of service.
- Claims form must be signed and dated by the member, patient, or responsible party.

MEMBER BENEFIT INFORMATION

Copayments, deductibles, coinsurance, and non-covered services will be patient responsibility.

If you receive care from an out-of-network provider and the provider bills more than the Usual, Reasonable, and Customary charge, the member will be responsible for the sum of the co-insurance amount and any amount that is over the Usual, Reasonable, and Customary charge.

If all information has been correctly submitted, you can expect your claim to be processed within 30-45 business days of receipt by True Health New Mexico. THIS IS NOT A GUARANTEE OF PAYMENT. Actual payment for covered service will be paid at the appropriate level according to your plan benefits.

At-home COVID-19 tests: Members may submit eight FDA-authorized at-home tests per member, per month for reimbursement. Tests for employment purposes are excluded and will not be reimbursed.

CONTACT AND MAILING INFORMATION

If you need assistance, please call True Health New Mexico Customer Service at **1-844-508-4677**.

Send Member Reimbursement Form to:
True Health New Mexico
P.O. Box 211468
Eagan, MN 55121

English	ATTENTION: If you speak English, language assistance services, free of charge, are available to you. Call 1-844-508-4677 (TTY: 711).
Spanish	ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1-844-508-4677 (TTY: 711).
Navajo	Díí baa akó nínízin: Díí saad bee yánílti'go Diné Bizaad, saad bee áká'ánída'áwo'déé', t'áá jiiik'eh, éí ná hóló, koji' hódíílnih 1-844-508-4677 (TTY: 711.)
Vietnamese	CHÚ Ý: Nếu bạn nói Tiếng Việt, có các dịch vụ hỗ trợ ngôn ngữ miễn phí dành cho bạn. Gọi số 1-844-508-4677 (TTY: 711).
German	ACHTUNG: Wenn Sie Deutsch sprechen, stehen Ihnen kostenlos sprachliche Hilfsdienstleistungen zur Verfügung. Rufnummer: 1-844-508-4677 (TTY: 711).
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 1-844-508-4677 (TTY : 711) 。
Arabic	ملحوظة: إذا كنت تتحدث اذكر اللغة، فإن خدمات المساعدة اللغوية تتوافر لك بالمجان. اتصل برقم 1-844-508-4677 هاتف الصم والبكم: (711).
Korean	주의 : 한국어를 말할 때 무료로 언어 지원 서비스를 이용할 수 있습니다. 1-844-508-4677 (TTY : 711)로 전화하십시오.
Tagalog-Filipino	PAUNAWA: Kung nagsasalita ka ng Tagalog, maaari kang gumamit ng mga serbisyo ng tulong sa wika nang walang bayad. Tumawag sa 1-844-508-4677 (TTY: 711).
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。1-844-508-4677 (TTY: 711) まで、お電話にてご連絡ください。
French	ATTENTION: Si vous parlez français, des services d'aide linguistique vous sont proposés gratuitement. Appelez le 1-844-508-4677 (ATS: 711).
Italian	ATTENZIONE: In caso la lingua parlata sia l'italiano, sono disponibili servizi di assistenza linguistica gratuiti. Chiamare il numero 1-844-508-4677 (TTY: 711).
Russian	ВНИМАНИЕ: Если вы говорите на русском языке, то вам доступны бесплатные услуги перевода. Звоните 1-844-508-4677 (телетайп: 711).
Hindi	सावधानी: यदि आप अंग्रेजी बोलते हैं, तो भाषा सहायता सेवाएं निःशुल्क, आपके लिए उपलब्ध हैं। 1-844-508-4677 पर कॉल करें (टीटीवी: 711)।
Farsi	توجه: اگر به زبان فارسی گفتگو می کنید، تسهیلات زبانی بصورت رایگان برای شما فراهم می باشد. با 1-844-508-4677 تماس بگیرید. (TTY: 711)
Thai	ความสนใจ: หากคุณพูดภาษาไทยมีบริการให้ความช่วยเหลือด้านภาษาฟรี โทร 1-844-508-4677 (TTY: 711)



Notice of Non-Discrimination and Accessibility *Aviso de no discriminación y accesibilidad*

The following is a statement describing nondiscrimination for True Health New Mexico and the services it provides to its clients and members.

- We do not discriminate on the basis of race, color, creed or religion, sexual orientation, national origin, age, disability, or gender in our health programs or activities.
- We provide help free of charge to people with disabilities or whose primary language is not English. To ask for a document in another format such as large print, or to get language help such as a qualified interpreter, please call True Health New Mexico Customer Service at 1-844-508-4677, Monday through Friday, 8:00 a.m. to 5:00 p.m. TTY: 1-800-659-8331.
- If you believe that we have failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability, or gender, you can report a complaint to: True Health New Mexico Compliance Hotline, <https://www.lighthouse-services.com/brighthealthgroup>. Phone (toll-free): 1-855-208-3766 (English), 1-800-216-1288 (Spanish). Email: Reports@Lighthouse-Services.com. Fax: 1-215-689-3885.

You also have the right to file a complaint directly with the U.S. Dept. of Health and Human Services online, by phone, or by mail:

- Online: <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>. Complaint forms are available at <http://www.hhs.gov/ocr/office/file/index.html>.
- Phone: Toll-free: 1-800-368-1019, TDD: 1-800-537-7697
- Mail: U.S. Dept. of Health & Human Services, 200 Independence Ave. SW, Room 509F, HHH Bldg., Washington, DC 20201

Aviso de no discriminación y accesibilidad

A continuación presentamos una declaración que resume la norma de no discriminación de *True Health New Mexico* y los servicios que prestamos a nuestros clientes y asegurados.

- No discriminamos por la raza, el color, el credo o la religión, la orientación sexual, el origen nacional, la edad, las discapacidades o el sexo en nuestras actividades o programas de salud.
- Ayudamos gratuitamente a las personas que tienen discapacidades o cuyo idioma nativo no es el inglés. Para pedir un documento en otro formato, como en letra grande, o para recibir la ayuda de un intérprete calificado, favor de llamar al Centro de Atención al Cliente de *True Health New Mexico* al 1-844-508-4677, para los servicios TTY llame al 1-800-659-8331, de lunes a viernes, de las 8:00 de la mañana a las 5:00 de la tarde.
- Si usted cree que no hemos prestado estos servicios o que le hemos discriminado de alguna otra manera por su raza, color, origen nacional, edad, discapacidad o sexo, puede reportar una queja a: *True Health New Mexico* Compliance Hotline, <https://www.lighthouse-services.com/brighthealthgroup>. Teléfono (gratis): 1-855-208-3766 (inglés), 1-800-216-1288 (español). Correo electrónico: Reports@Lighthouse-Services.com. Fax: 1-215-689-3885.

Además, tiene derecho a presentar una queja directamente al Departamento de Salud y Servicios Humanos de los EE. UU. [*U.S. Dept. of Health and Human Services*] ya sea en línea, por teléfono o por correo:

- En línea: <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>. Los formularios de queja están a su disposición en: <http://www.hhs.gov/ocr/office/file/index.html>.
- Por teléfono: Línea telefónica gratis: 1-800-368-1019, TDD: 1-800-537-7697
- Por correo: U.S. Dept. of Health & Human Services, 200 Independence Ave. SW, Room 509F, HHH Bldg., Washington, DC 20201