MEMBER REIMBURSEMENT FORM

TUFTS Health Plan

Required Information

Relationship to the Subscriber

☐ Self ☐ Authorized Representative

If a Member Reimbursement is being submitted by an Authorized Representative, please complete and include the Tufts Health Plan Appointment of Personal Representative Form (AOR), or any legal documentation verifying personal representation, with your request. We require verification of the authority of a Personal Representative before the request can be processed. You can find the AOR form on our website at www.thpmp.org/aor-forms.

Last Name: _____ First Name: _____ Middle Initial: ____

Member ID #: _____ Date of Birth: ____ / ___ / _____
(M M/ D D/ Y Y Y Y)

Name of Provider of Service: _____ Date(s) of Service: _____

Phone Number and Address of Provider (if known): _____

In what setting did you receive treatment? (e.g. office, ER, hospital, clinic, etc.) _____

Use reverse side or another sheet of paper to include any additional information if necessary.

Amount of reimbursement you are requesting: $ _____

If services were performed outside of the USA:

In what country were services performed? _____

In what language was the bill/receipt written? _____

In what currency was the bill paid? _____

Describe the items or services that were received.[1]
(e.g. asthma, lab work, ER visit, flu shot, eyewear, durable medical equipment[2], etc.)

_____

Please include Proof of Payment AND Itemized Receipt[3]

Check which of the following acceptable proof of payment you are attaching to this form.

☐ A copy of the front and back of the cancelled check written to the provider or the bank encoded front of the check written to the provider.

☐ A credit card statement or receipt with itemized bill and authorization, if applicable.

☐ A statement from the provider, on the provider's letterhead with authorized signature, indicating payment was made.

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TUFTS Health Plan

Signature is Required

I attest that the information is accurate and complete.

Signature:_____ Date:_____

Tufts Health Plan
Senior Care Options
Member Reimbursement
P.O. Box 9183
Watertown, MA 02471-9183

[1] Tufts Health Plan Senior Care Options requires prior authorization for certain drugs, devices, and equipment as a condition of payment. Refer to your Evidence of Coverage booklet for your plan's guidelines.

[2] Prescription required for Durable Medical Equipment purchase.

[3] A receipt for purchased items, with the provider's name and address preprinted on the receipt, with items listed and the amount paid.

NOTE: For Wellness Allowance reimbursement, please use the Wellness Allowance Benefit form.

For more information, call Customer Relations at 855-670-5934 (TTY 711). Representatives are available Monday–Friday, 8:00 a.m.–8:00 p.m. (From October 1–February 14, representatives are available 7 days a week 8:00 a.m.–8:00 p.m.) After hours and on holidays, please leave a message and a representative will return your call on the next business day.

Tufts Health Plan is an HMO-SNP plan with a Medicare contract. Enrollment in Tufts Health Plan depends on contract renewal. Tufts Health Plan Senior Care Options is a voluntary MassHealth (Medicaid) benefit in association with the Executive Office of Health and Human Services (EOHHS) and the Centers for Medicare & Medicaid Services (CMS).

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

Tufts Health Plan:

- Provides free aids and services to people with disabilities to communicate effectively with us, such as:
  - — Written information in other formats (large print, audio, accessible electronic formats, other formats)
- Provides free language services to people whose primary language is not English, such as:
  - — Qualified interpreters
  - — Information written in other languages

If you need these services, contact Tufts Health Plan at 1-855-670-5934 (TTY: 711).

If you believe that Tufts Health Plan has failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability, or sex, you can file a grievance with:

Tufts Health Plan, Attention:

Civil Rights Coordinator Legal Dept.
705 Mount Auburn St. Watertown, MA 02472
Phone: 1-888-880-8699 ext. 48000, (TTY number—711 or 1-800-439-2370. Español: 866-930-9252)
Fax: 617-972-9048
Email: OCRCoordinator@tufts-health.com.

You can file a grievance in person or by mail, fax, or email. If you need help filing a grievance, the Tufts Health Plan Civil Rights Coordinator is available to help you.

You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights, electronically through the Office for Civil Rights Complaint Portal, available at https://ocrportal.hhs.gov/ocr/portal/lobby.jsf, or by mail or phone at:

U.S. Department of Health and Human Services
200 Independence Avenue, SW
Room 509F, HHH Building Washington, D.C. 20201
1-800-368-1019, 800-537-7697 (TDD)

Complaint forms are available at http://www.hhs.gov/ocr/office/file/index.html.

thpmp.org/sco | 1-855-670-5934

English: ATTENTION: If you speak English, language assistance services, free of charge, are available to you. Call 1-855-670-5934 (TTY: 711).

Arabic: ملحوظة: إذا كنت تتحدث اذكر اللغة، فإن خدمات المساعدة اللغوية تتوافر لك بالمجان. اتصل برقم 1-855-670-5934 (رقم هاتف الصم والبكم: 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 1-855-670-5934 (TTY 711)。

Farsi: **توجه:** اگر به زبان فارسی گفتگو می کنید، تسهیلات زبانی بصورت رایگان برای شما فراهم می باشد. 1-855-670-5934 (TTY: 711) فراهم می باشد. با تماس بگیرید.

French: ATTENTION: Si vous parlez français, des services d'aide linguistique vous sont proposés gratuitement. Appelez le 1-855-670-5934 (ATS : 711).

German: ACHTUNG: Wenn Sie Deutsch sprechen, stehen Ihnen kostenlos sprachliche Hilfsdienstleistungen zur Verfügung. Rufnummer: 1-855-670-5934 (TTY: 711).

Greek: ΠΡΟΣΟΧΗ: Αν μιλάτε ελληνικά, στη διάθεσή σας βρίσκονται υπηρεσίες γλωσσικής υποστήριξης, οι οποίες παρέχονται δωρεάν. Καλέστε 1-855-670-5934 (TTY: 711).

Gujarati: સુચના: જો તમે ગુજરાતી બોલતા હો, તો નિ:શુલ્ક ભાષા સહાય સેવાઓ તમારા માટે ઉપલબ્ધ છે. ફોન કરો 1-855-670-5934 (TTY: 711).

Haitian Creole: ATANSYON: Si w pale Kreyòl Ayisyen, gen sèvis èd pou lang ki disponib gratis pou ou. Rele 1-855-670-5934 (TTY: 711).

Italian: ATTENZIONE: In caso la lingua parlata sia l'italiano, sono disponibili servizi di assistenza linguistica gratuiti. Chiamare il numero 1-855-670-5934 (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。1-855-670-5934 (TTY: 711）まで、お電話にてご連絡ください。

Khmer (Cambodian): ប្រយ័ត្ន៖ បើសិនជាអ្នកនិយាយ ភាសាខ្មែរ, សេវាជំនួយផ្នែកភាសា ដោយមិនគិតឈ្នួល គឺអាចមានសំរាប់បំរើអ្នក។ ចូរ ទូរស័ព្ទ 1-855-670-5934 (TTY: 711)

Korean: 주의: 한국어를 사용하시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다. 1-855-670-5934 (TTY: 711) 번으로 전화해 주십시오.

Laotian: ໂປດຊາບ: ຖ້າວ່າ ທ່ານເວົ້າພາສາ ລາວ, ການບໍລິການຊ່ວຍເຫຼືອດ້ານພາສາ, ໂດຍບໍ່ເສັຽຄ່າ, ແມ່ນມີພ້ອມໃຫ້ທ່ານ. ໂທຣ 1-855-670-5934 (TTY: 711).

Navajo: Díí baa akó nínízin: Díí saad bee yánílti'go **Diné Bizaad**, saad bee áká'ánída'áwo'dę́ę́', t'áá jiik'eh, éí ná hóló, koji' hódíílnih 1-855-670-5934 (TTY: 711.)

Polish: UWAGA: Jeżeli mówisz po polsku, możesz skorzystać z bezpłatnej pomocy językowej. Zadzwoń pod numer 1-855-670-5934 (TTY: 711).

Portuguese: ATENÇÃO: Se fala português, encontram-se disponíveis serviços linguísticos, grátis. Ligue para 1-855-670-5934 (TTY: 711).

Russian: ВНИМАНИЕ: Если вы говорите на русском языке, то вам доступны бесплатные услуги перевода. Звоните 1-855-670-5934 (телетайп: 711).

Spanish: ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1-855-670-5934 (TTY: 711).

Tagalog: PAUNAWA: Kung nagsasalita ka ng Tagalog, maaari kang gumamit ng mga serbisyo ng tulong sa wika nang walang bayad. Tumawag sa 1-855-670-5934 (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 1-855-670-5934 (TTY: 711).