

**GEISINGER GOLD**

# Geisinger

**PLEASE READ THE REVERSE SIDE BEFORE COMPLETING THIS FORM**

**Please use this form only to request reimbursement for covered services you have received**

MEMBER INFORMATION

PLEASE PRINT LEGIBLY

<b>Member ID Number:</b>			<b>Date of Birth:</b> / /	
<b>Name:</b>	Last	First		MI
	<b>Address:</b> Street		City	State
				Zip Code

Check if new address:

**How to use this form:**

- 1) Complete Section 1 to request reimbursement from your base benefits. You can also request your flexible spending card be used to reimbursement amounts in excess of your base benefits.
- 2) Complete Section 2 to request reimbursement from your flexible spending card only. Select this option if you attempted to use your card at a provider and it was denied.

HAVE YOU REQUESTED REIMBURSEMENT FOR THIS CLAIM(S) FROM ANYONE OTHER THAN GHP?

YES

NO

**SUPPLEMENT REIMBURSEMENT  
REQUEST INFORMATION**

Receipts **MUST** be attached or your reimbursement will be denied

**A SEPARATE REIMBURSEMENT REQUEST MUST BE COMPLETED FOR EACH MEMBER**

**Section 1:** I am requesting reimbursement for one of the following using my Preferred Enhanced base benefits.

DENTAL       VISION       HEARING       FITNESS

- If my reimbursement requests exceeds my available benefits, I authorize Geisinger Gold to deduct the additional amount from my flexible spending card (up to the available balance on the card). *Please note:* Fitness spending cannot be deducted from your flexible spending card.

**Section 2:** My flexible spending card was denied when attempting to pay for covered services or items. I am requesting reimbursement only from my flexible spending card.

DENTAL       VISION       HEARING

**Consult your Evidence of Coverage for benefit details and coverage limits.**

*Please see important information on reverse*

*PREFERRED ENHANCED*

**PLEASE SIGN AND DATE BELOW:**

I certify that all information listed above is correct for myself or members of my family who are eligible. I have received the services above and authorize release of all information contained on this claim to my plan sponsor.

MEMBER SIGNATURE

DATE

PLEASE READ THE FOLLOWING INSTRUCTIONS CAREFULLY AND FILL OUT THE FRONT SIDE OF THIS FORM

**A SEPARATE FORM MUST BE COMPLETED FOR EACH MEMBER**

**MEMBER SUPPLIED INFORMATION:**

1. You **MUST** attach an itemized receipt to your reimbursement form that provides the following information:
  - a. Provider name
  - b. Date of service
  - c. Description of service or item received
  - d. Amount billed
  - e. Amount paid
2. Please print the requested information
3. Print member's ID number (found on your insurance card)
4. Print member's date of birth in the mm/dd/yyyy format
5. Print member's name, first, last, middle initial or as it appears on your insurance card
6. Print member's full address including city, state, and zip code
7. Check the box if this is a new address
8. Indicate if you are seeking reimbursement from insurance other than GHP

**IMPORTANT:**

1. The member must sign and date each form to be eligible for reimbursement
2. Completion and submission of this form does not guarantee requested reimbursement
3. Incomplete or missing information could cause a delay in processing
4. Claims processing can take up to 45 days

**QUESTIONS?**

Call Geisinger GOLD Member Services at 800-498-9731

**PLEASE RETURN THIS REIMBURSEMENT FORM TO:**

Geisinger Health Plan  
P O BOX 853910  
Richardson, TX 75085-3910

**DID YOU SIGN AND DATE THE FRONT OF THIS REIMBURSEMENT FORM?**

Any person knowingly and with intent to defraud any insurance company or other person files an application for insurance or state of claim containing materially false information or conceals for the purpose of misleading, information concerning any material fact thereto commits a fraudulent insurance act, which is a crime and is subject to criminal and civil penalties.

Geisinger Gold Medicare Advantage HMO, PPO, and HMO D-SNP plans are offered by Geisinger Health Plan/Geisinger Indemnity Insurance Company, health plans with a Medicare contract. Continued enrollment in Geisinger Gold depends on contract renewal. Geisinger Health Plan/Geisinger Indemnity Insurance Company are part of Geisinger, an integrated health care delivery and coverage organization.