



## Member Reimbursement Claim Form

**Please print or type:**

Member ID #: \_\_\_\_\_  
Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Middle Initial: \_\_\_\_\_  
Home Address: \_\_\_\_\_  
Home Telephone: \_\_\_\_\_ DOB: \_\_\_\_\_

Date(s) of Service/Purchase: \_\_\_\_\_ Amount Paid: \_\_\_\_\_

Provide reason(s) for out-of-pocket payment for this service/item:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Member's Signature and/or Authorized Representative: \_\_\_\_\_ Date: \_\_\_\_\_

**IMPORTANT:** Please include a copy of any relevant original medical record(s) and proof of payment along with your request. To process your request in a timely manner, you must provide all the information requested.

**Please send or fax this signed form to:**

CarePlus Health Plans, Inc.  
11430 NW 20<sup>th</sup> Street, Suite 300  
Miami, Florida 33172  
Attn: Member Services Department  
Fax: 1-800-956-4288

If you need assistance in filling this form, please call Member Services at 1-800-794-5907; TTY: 711.  
From October 1 - March 31, we are open 7 days a week; 8 a.m. to 8 p.m. From April 1 - September 30,  
we are open Monday - Friday, 8 a.m. to 8 p.m. You may always leave a voicemail after hours, Saturdays,  
Sundays, and holidays and we will return your call within one business day.

**For CarePlus Health Plans, Inc. Use Only:**

Received by: \_\_\_\_\_ Date/Time: \_\_\_\_\_

☐ By Mail ☐ By Fax ☐ In Person ☐ Other \_\_\_\_\_

CarePlus Health Plans, Inc. complies with applicable Federal Civil Rights laws and does not discriminate on the basis of race, color, national origin, age, disability, sex, sexual orientation, gender, gender identity, ancestry, marital status, or religion in their programs and activities, including in admission or access to, or treatment or employment in, their programs and activities. Any inquiries regarding CarePlus' non-discrimination policies and/or to file a complaint, also known as a grievance, please contact Member Services at 1-800-794-5907 (TTY: 711).

**Español (Spanish):** Esta información está disponible de forma gratuita en otros idiomas. Favor de llamar a Servicios para Afiliados al número que aparece anteriormente.

**Kreyòl Ayisyen (French Creole):** Enfòmasyon sa a disponib gratis nan lòt lang. Tanpri rele nimewo Sèvis pou Manm nou yo ki nan lis anwo an.

