

MEMBER REIMBURSEMENT CLAIM FORM

SECTION D: AUTOMOBILE ACCIDENT RELATED MEDICAL SERVICES

Automobile Insurance Name and Address	Automobile Insurance Phone Number
	() -
	Was the patient a driver or passenger? <input type="checkbox"/> Driver <input type="checkbox"/> Passenger

PLEASE PROVIDE A LEGIBLE COPIES OF THE FOLLOWING DOCUMENTS:

Copy of the auto policy face sheet for the vehicle in which the patient was riding Medical records and/or reports that you may have in your possession

Please include all itemized bill requirements in section B above

SECTION E: FOREIGN/CRUISE TRAVEL REQUIRED DOCUMENTS

ALL BELOW DOCUMENTATION IS REQUIRED TO BE SUBMITTED FOR REIMBURSEMENT OF FOREIGN/CRUISE CLAIMS

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| - Proof of payment: Receipt or bank statement, copies of original | - Diagnosis code noted on claim form checks (front and back) |
| - Proof of pharmaceutical payment: Include on claim form and copies | - Copies of original itemized bills of service—professional, provide hospital, and pharmaceutical |
| - Proof of travel: Travel documents for example copy of travel and/or airline tickets | - Applicable medical records, including copies of original Itinerary medical report, admission notes and emergency notes |

SECTION F: AUTHORIZING SIGNATURE

PATIENT /AUTHORIZING NAME: (PARENT'S SIGNATURE IF PATIENT IS A MINOR or LEGAL DEPENDENT)

PATIENT/ AUTHORIZING SIGNATURE: (PARENT'S SIGNATURE IF PATIENT IS A MINOR or LEGAL DEPENDENT)

SIGNATURE DATE

SECTION G: MAILING ADDRESS AND MEMBER SERVICE PHONE NUMBER

COLORADO MEMBERS Claim Address P.O. Box 373150 Denver, CO 80237-9998 MEMBER SERVICES 1-855-364-3184	GEORGIA MEMBERS Claim Address P.O. Box 370010 Denver, CO 80237-9998 MEMBER SERVICES 1-855-364-3185	HAWAII MEMBERS Claim Address P.O. Box 378021 Denver, CO 80237-9998 MEMBER SERVICES 1-800-238-5742
MD, DC OR VA MEMBERS WITH AON ADDED CHOICE AND OUT-OF-AREA PPO Claim Address P.O. Box 261130 Plano, TX 75026 MEMBER SERVICES 1-800-392-8649	MD, DC OR VA MEMBERS WITH FLEXIBLE CHOICE Claim Address P.O. Box 371860 Denver, CO 80237-9998 MEMBER SERVICES 1-888-225-7202	NORTHERN CA MEMBERS WITH POINT-OF-SERVICE PLAN Claim Address P.O. Box 12923 Oakland, CA 94604-2923 MEMBER SERVICES 1-800-778-0710
NORTHERN CA MEMBERS WITH PPO AND OUT-OF-AREA INDEMNITY PLAN Claim Address P.O. Box 261155 Plano, TX 75026 MEMBER SERVICES 1-800-392-8649	SOUTHERN CA MEMBERS WITH POINT-OF-SERVICE PLAN Claim Address P.O. Box 7004 Downey, CA 90242-7004 MEMBER SERVICES 1-800-778-0710	SOUTHERN CA MEMBERS WITH PPO AND OUT-OF-AREA INDEMNITY PLAN Claim Address P.O. Box 261155 Plano, TX 75026 MEMBER SERVICES 1-800-392-8649



Kaiser Permanente Insurance Company

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For your protection California law requires the following to appear on this form: Any person who knowingly presents false or fraudulent claim for the payment of a loss is guilty of a crime and may be subject to fines and confinement in state prison.

PROVIDER REIMBURSEMENT: If your request is on behalf of your provider for provider reimbursement, please have the Provider submit charges directly to Kaiser Permanente on the CMS1500 or UB04 industry standard claim form, which is required for processing. Please ensure your provider has your Kaiser Permanente member ID number information and copy of your ID card.