

General instructions: Make sure you and your physician or other health care professional fill out this form completely in order for you to receive timely reimbursement for paid medical services.

- Type or print requested information.
- Ask your provider(s) to help you complete all information in sections C and D.
- Attach itemized receipts or claim forms for each service. (Do not staple items.)
- A separate reimbursement request form should be completed for each patient.
- Please keep a copy of each itemized bill or receipt for your records.
- Do not submit a form if your physician or other health care professional is also filing a claim to Current Health Solutions for the same service.

ACCOUNT NO. (FROM I.D. CARD)

MEMBER IDENTIFICATION NO. (FROM I.D. CARD)

A. PATIENT INFORMATION

PATIENT NAME (Print) _____ SEX M F BIRTHDATE _____

RELATIONSHIP TO EMPLOYEE : SELF CHILD SPOUSE OTHER _____

B. EMPLOYEE INFORMATION

EMPLOYEE NAME _____ Check if new address

EMPLOYEE ADDRESS _____ City _____ State _____ Zip _____

C. PROVIDER INFORMATION

PROVIDER NAME _____ TAX ID NUMBER _____ NPI NUMBER _____

PROVIDER ADDRESS _____ City _____ State _____ Zip _____

D. SERVICE INFORMATION

Date (mm/dd/yy)	Place of Service	Codes for procedures, services or supplies	Diagnosis Code	Charges	Number of Units
				Total Charges	Amount paid by you

