



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.
 PO Box 277810
 Miramar, FL 33027
 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 _____

Important: At CarePlus, it is important you are treated fairly. CarePlus Health Plans, Inc. complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, ancestry, ethnicity, sex, sexual orientation, gender, gender identity, disability, age, marital status, religion, or language in their programs and activities, including in admission or access to, or treatment or employment in, their programs and activities. The following department has been designated to handle inquiries regarding CarePlus' non-discrimination policies: Member Services, PO Box 277810, Miramar, FL 33027, 1-800-794-5907 (TTY: 711). Auxiliary aids and services, free of charge, are available to you. 1-800-794-5907 (TTY: 711). CarePlus provides free auxiliary aids and services, such as qualified sign language interpreters, video remote interpretation, and written information in other formats to people with disabilities when such auxiliary aids and services are necessary to ensure an equal opportunity to participate.

This information is available for free in other languages. Please call our Member Services number at 1-800-794-5907. Hours of operation: October 1 - March 31, 7 days a week, 8 a.m. to 8 p.m. April 1 - September 30, Monday - Friday, 8 a.m. to 8 p.m. You may leave a voicemail after hours, Saturdays, Sundays, and holidays and we will return your call within one business day.

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.

