

Reimbursement Form



See the back of this form for instructions.

MEMBER NAME

MEMBER ID

D

DATE PAID

SERVICE OR ITEM PURCHASED

AMOUNT PAID

/ /		\$
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TYPE OF PURCHASE: Wellness Bucks Covered Healthcare myFlex

/ /		\$
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TYPE OF PURCHASE: Wellness Bucks Covered Healthcare myFlex

/ /		\$
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TYPE OF PURCHASE: Wellness Bucks Covered Healthcare myFlex

Member Signature

Date

About This Form

Use this form to get paid back for Wellness Bucks purchases, myFlex purchases, and covered healthcare services you paid for.

Healthcare Services

If you ever pay the full cost for healthcare services covered by your plan, use the front of this form to tell us about it. We'll pay you back for the part your plan covers. You'll pay your normal share of the cost, like your copay for that service.

Wellness Bucks

You can use your plan's Wellness Bucks for certain health and wellness items, like fitness devices, home gym equipment, and meditation apps. Just use the front of this form to tell us what you bought.

Want to know how many Wellness Bucks you have? Or what items and services you can buy with Wellness Bucks? Give us a call. Note that Flex plan members don't receive Wellness Bucks.

myFlex

With our Flex plan, you can use your myFlex benefit to pay for certain items and services, like dental care, eyewear, and fitness trackers. If you didn't use your myFlex card for a purchase, just use this form to tell us what you bought and we'll pay you back.

Not sure if your purchase qualifies for myFlex? Give us a call. Note that you can't use myFlex for copays and other medical costs related to your plan.

Questions?

1-800-338-6833 TTY 711

How to Ask for Payment

1 What you'll need

- A completed reimbursement form
- Proof of payment (like a copy of your receipt or canceled check)
- A copy of your bill that shows the items and services you received and the cost for each one (not needed for Wellness Bucks or myFlex purchases)

Be sure to make copies of receipts, canceled checks, and bills, so you can hold onto the originals.

2 Where to send everything

Plan Members:

DEVOTED HEALTH
MEMBER REIMBURSEMENTS
PO BOX 211524
EAGAN, MN 55121-2724

HMO D-SNP Plan Members:

DEVOTED HEALTH
D-SNP MEMBER REIMBURSEMENTS
PO BOX 211523
EAGAN, MN 55121-2723

We'll process your form within 30 days. If you request payment for something not covered by your plan, we'll let you know.