

Please use this form each time you submit a medical claim.

- Complete one form per family member
- Keep a copy of all receipts and documents for your records
- Allow 30 days for processing
- Claim submission does not guarantee payment

<b>Section 1: Your Health Plan</b>			
<input type="checkbox"/> <b>UPHP MI Health Link</b>			
<b>Section 2: Member Information (Please Print)</b>			
Member Name:	ID Number:		
Address:	Date of Birth:		
City, State, Zip:			
Phone Number:			
<b>Section 3: Submission Information</b>			
<p>a. Attach the itemized bill or statement that includes:</p> <table style="width: 100%; border: none;"> <tr> <td style="width: 50%; vertical-align: top;"> <ul style="list-style-type: none"> <li>• Patient's name</li> <li>• Date of service</li> <li>• Dollar amount charged for each service</li> </ul> </td> <td style="width: 50%; vertical-align: top;"> <ul style="list-style-type: none"> <li>• Procedure and diagnosis codes</li> <li>• Provider's name and service location address</li> <li>• Place of service (i.e. office, outpatient, etc.)</li> <li>• Provider tax identification number</li> </ul> </td> </tr> </table> <p>b. Attach the proof of payment – please tape your receipt(s) to a separate sheet of paper.</p>		<ul style="list-style-type: none"> <li>• Patient's name</li> <li>• Date of service</li> <li>• Dollar amount charged for each service</li> </ul>	<ul style="list-style-type: none"> <li>• Procedure and diagnosis codes</li> <li>• Provider's name and service location address</li> <li>• Place of service (i.e. office, outpatient, etc.)</li> <li>• Provider tax identification number</li> </ul>
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<b>Section 4: Submit to:</b>			
UPHP Claims Department Member Reimbursement 853 W. Washington Street Marquette, MI 49855			
<b>Section 5: Member/Authorized Representative Signature and Date</b>			
The above statements and attachments are true and complete to the best of my knowledge.			
<b>Signature:</b> _____ <b>Date:</b> _____			



If you have questions, call UPHP Customer Service at 1-877-349-9324 (TTY: 711), seven days a week from 8 a.m. to 9 p.m. Eastern time. Calls to these numbers are free.

Upper Peninsula Health Plan (UPHP) MI Health Link (Medicare-Medicaid Plan) is a health plan that contracts with both Medicare and Michigan Medicaid to provide benefits of both programs to enrollees. Limitations, restrictions, and patient pay amount may apply. This means you may have to pay for some services and that you need to follow certain rules to have UPHP pay for your services.