

# Member Medical Reimbursement Form

## UPHP Advantage (HMO) and UPHP Choice (HMO)



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

### Section 1: Your Health Plan

UPHP Advantage (HMO)  UPHP Choice (HMO)

### Section 2: Member Information: (Please Print)

Member Name:

ID Number:

Address:

Date of Birth:

City, State, Zip:

Phone Number:

### Section 3: Submission Information

a. Attach the itemized bill or statement that includes:

- Patient's name
- Date of service
- Dollar amount charged for each service
- Procedure and diagnosis codes
- Provider's name and service location address
- Place of service (i.e. office, outpatient, etc.)
- Provider tax identification number

b. Attach the proof of payment – please tape your receipt(s) to a separate sheet of paper.

### Section 4: Submit to:

UPHP Claims Department  
Member Reimbursement  
853 W. Washington Street  
Marquette, MI 49855

### Section 5: Member/Authorized Representative Signature and Date

The above statements and attachments are true and complete to the best of my knowledge.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

If you have questions, call UPHP Customer Service at 1-877-349-9324 (TTY: 711), Monday through Friday from 8 a.m. to 9 p.m. Eastern time, with weekend hours Oct. 1 through March 31. Calls to these numbers are free.

Upper Peninsula Health Plan (UPHP) is an HMO plan with a Medicare contract. Enrollment in UPHP depends on contract renewal. 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.