



# Out-of-Plan Reimbursement Form Instructions

(Please print or type)

## Use this form:

- If you are seeking reimbursement for a medical service that you paid out of your own pocket.
- If you are requesting payment to be made to an out of-plan or non-participating provider from which you received a medical service.
- If you are requesting coordination of benefits with your primary insurance company.
- **ATENCIÓN:** si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1-800-224-2273 (TTY: 1-800-842-9710).
- **ATENÇÃO:** Se fala português, encontram-se disponíveis serviços linguísticos, grátis. Ligue para 1-800-224-2273 (TTY: 1-800-842-9710).

1. You must enclose the original itemized bill from your provider. An itemized bill includes the following information: date of service, diagnosis (cause and nature of person's illness), procedure code (description of the procedure), charges and payments made: and the provider's full name, address, phone number, provider tax ID number, and/or National Provider Identifier (NPI).
  - A balance due statement from your provider is not acceptable and your claim cannot be processed.
  - If services were rendered outside of the United States, please provide an itemized bill written in English which shows the paid in U.S. dollars.
  - If coordination of benefits is being sought, attach a copy of the primary carrier's Explanation of Benefits along with the itemized bill.
  - To expedite payment of your claim, please be sure that your provider's tax ID number is on the itemized bill. If the tax ID number is not on the bill, please obtain the number and write it on the bill you are enclosing.
2. Complete the entire form on the reverse side.
  - Please use one claim form for each claim you are submitting.

3. Mail the complete form and attachments indicated above to:

### Medical and Surgical Claims

ConnectiCare Claims Department  
P. O. Box 4000  
Farmington, CT 06034-4000

### Mental Health and Substance Abuse Claims

Optum Health Behavioral Solutions  
P. O. Box 30757  
Salt Lake City, UT 84130-0757

### Retain a copy of your claim submission for your own records.

ConnectiCare, Inc. is an HMO/HMO-POS plan with a Medicare contract. Enrollment in ConnectiCare depends on contract renewal. ConnectiCare Insurance Company, Inc. is an HMO SNP plan with a Medicare contract and a contract with the Connecticut Medicaid Program. Enrollment in ConnectiCare depends on contract renewal.

**ConnectiCare**

[www.connecticare.com/medicare](http://www.connecticare.com/medicare)