2023 Direct Member Reimbursement Request Form

For Medicare plan members

Medica

Dental, Eyewear, Hearing Aids (including fittings/evaluations)

A GENERAL INFORMATION

Here's what you need to do:

1. Complete Section 1 of this form.
2. Check the service you're requesting a reimbursement for in Section 2.
3. Submit your request for reimbursement.

Note: Please submit one (1) request per reimbursement form. If you have more than one service to submit, please fill out separate forms for each request.

To submit your request for reimbursement:

- Attach your itemized receipt(s) and proof of payment to this form.
- Mail the completed form with an attached copy of your receipt(s) to the address for your plan type (found on the front of your Medica ID card):

For Medica Advantage Solution Plans + Group Advantage Solution Plans
Medica Claims
P.O. Box 21342
Eagan, MN 55121

Or

For Medica Prime Solution (Cost) Plans + Group Prime Solution w/Rx (Cost Plans)
Medica Claims
P.O. Box 30990
Salt Lake City, UT 84130

Please allow 60 calendar days from the date Medica receives your form for your reimbursement check to be mailed to you. Reimbursement requests must be made within 365 days from the date of service. You may submit multiple reimbursement requests on separate reimbursement forms for services up to the annual limit(s).

1 REIMBURSEMENT INFORMATION

Member information

Member name (as it appears on your Medica ID card):	
Date of birth: ___ / ___ / _____	Phone number:
Medica ID number:	Group number:

Visit information

Facility name:	
Facility location (City, State, ZIP):	
Name of dentist (only required for dental service reimbursement):	
Date of service: ___ / ___ / _____	Total amount you paid the provider*:

*You will be reimbursed for covered services.

2	REIMBURSEMENT TYPE

Please submit one (1) reimbursement form per service received.

❍ I'm requesting reimbursement for a **dental service.**

Applies to: Medica Advantage Solution® (PPO, HMO-POS), Medica Advantage Solution with CHI Health (HMO), Medica Group Advantage Solution℠ (PPO)[5], Medica Prime Solution® (Cost)[4], Medica Group Prime Solution℠ w/Rx (Cost)[5]

We reimburse non-Medicare-covered dental services from any licensed dentist within the U.S. and its territories up to an annual limit.[1]

❍ I'm requesting reimbursement for an **eyewear service.**

Applies to: Medica Advantage Solution® (PPO, HMO-POS), Medica Advantage Solution with CHI Health (HMO), Medica Group Advantage Solution℠ (PPO)[5], Medica Prime Solution® (Cost)[4], Medica Group Prime Solution℠ w/Rx (Cost)[5]

We reimburse up to an annual limit for the purchase of non-Medicare covered contact lenses, eyeglasses (lenses and frames), eyeglass lenses, eyeglass frames, and upgrades.[3] Medicare-covered eyewear following cataract surgery is covered by your plan and not eligible for reimbursement.

❍ I'm requesting reimbursement for a **hearing service.**

Applies to: Medica Group Advantage Solution℠ (PPO)[5], Medica Prime Solution® (Cost)[4], Medica Group Prime Solution℠ w/Rx (Cost)[5]

We reimburse up to a certain dollar amount toward hearing aid fittings/evaluations and hearing aid purchases each calendar year.[2]

Questions?

Call the Member Services number on the back of your Medica ID card. Visit **Medica.com/Forms** for additional copies of this form.

[1]Refer to the dental services allowance section in the Evidence of Coverage for your plan's limit. Dental services must be received within the calendar year and cannot be used to pay for dental insurance premiums or as pre-payment for services not yet received.

[2]Replacement batteries are not reimburseable under this benefit. Batteries are only covered if supplied in the original package from the factory with a hearing aid. Refer to the hearing aid allowance section in the Evidence of Coverage for your plan's limit. Hearing aids may be purchased in or out of network.

[3]Contact lens cases are not reimburseable under this benefit. Contact lens cases are only covered if supplied in original factory package with contact lens. Eyewear may be purchased in or out of network. Refer to the vision care prescription eyewear allowance section in the Evidence of Coverage for your plan's limit.

[4]Not available on Medica Prime Solution Thrift (Cost) or Medica Prime Solution Thrift w/Rx (Cost).

[5]Not available on some Group Advantage Plans or Group Prime Solution w/Rx (Cost) Plans