



Working For Your Benefit

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MEDICARE ADVANTAGE REIMBURSEMENT CLAIM FORM

Medicare Advantage reimbursements will be reviewed upon receipt of all required information and in accordance with all current plan rules. All requests for reimbursement and required documentation should be submitted within 90 days from the date of service, or as soon as possible thereafter; but all reimbursement requests and required documentation must be submitted within one year from the date of service or they will be denied as untimely.

Participant ID #: _____

Spouse ID #: _____

Participant Name: _____

Spouse Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Patient Name:	Date of Service:	Reimbursement Amount:
_____ / _____	_____ / _____	_____
_____ / _____	_____ / _____	_____
_____ / _____	_____ / _____	_____
_____ / _____	_____ / _____	_____

Signature of Participant: _____ Date: _____

Signature of Spouse: _____ Date: _____

Medicare Advantage ID #: _____

Attach your EOB from your Medicare Advantage Plan

Mail or Fax form to address listed above