

# 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 nonparticipating provider from which you received a medical service.
- If you are requesting coordination of benefits with your primary insurance company.

1. You must enclose the original itemized bill from your provider. An itemized bill must include the following information: date of service, diagnosis (cause and nature of a person's illness), procedure code (description of the procedure), place of service (office visit, hospital, ambulatory surgery center, etc.) charges and payments made; and the provider's full name, address, phone number and 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 amount 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 providers 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 546  
Farmington, CT 06034-0546

Mental Health and Substance Abuse Claims  
OptumHealth Behavioral Solutions  
P.O. Box 30757  
Salt Lake City, UT 84130-0757

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

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Coverage is provided by and services are administered as follows: In Connecticut: Group HMO and POS coverage, and Individual HMO is underwritten by ConnectiCare, Inc.; Individual POS is underwritten by ConnectiCare Insurance Company, Inc. In Massachusetts: Group HMO and POS coverage is underwritten by ConnectiCare of Massachusetts, Inc. In New York: HMO and POS is underwritten by ConnectiCare of New York, Inc. FlexPOS, ASO/Self-funded services, and Dental products are administered or underwritten by ConnectiCare Insurance Company, Inc.

