



KAISER PERMANENTE®

# MEMBER REIMBURSEMENT CLAIM FORM

Kaiser Permanente Insurance Company

**INSTRUCTIONS:** This form is to request reimbursement for services you've paid for out-of-pocket. For your claim to be considered for payment, follow these simple steps:

1. Fill out this form completely and sign it.
2. Get an itemized bill from your provider detailing the charges (see Section B for the information needed in this bill).
3. Get a payment receipt for services (which can be a receipt from your provider, a copy of the check, or a bank or credit card statement).
4. Send the form, bill, and receipt to the address for your region in Section G.
5. Keep a copy of all documentation for your records.

Contact member services with any questions about this process at the number for your region in Section G.

## SECTION A: PATIENT INFORMATION

<b>Last Name</b>		<b>First Name</b>		<b>Initial</b>
<b>Patient Address</b>		<b>City</b>	<b>State</b>	<b>Zip</b>
<b>Birthdate (MM/DD/YYYY)</b>		<b>Medical Record Number found on ID Card</b>		

Does the patient have other health insurance coverage?  Yes  No. If "Yes" complete Section C below

Was the service due to an auto accident?  Yes  No. If "Yes" complete Section D below

## SECTION B: ITEMIZED BILL REQUIREMENTS

**BILLS MUST BE ITEMIZED AND INCLUDE ALL OF THE FOLLOWING INFORMATION FOR REIMBURSEMENT**

- Name and address of provider (doctor, hospital, lab, ambulance service, etc.)
- Tax Identification Number (TIN)
- Amount charged for each service
- Place of service
- Procedure code
- Diagnosis code
- Name of patient
- Service provided
- Dates of service
- National Provider Identifier (NPI)
- Proof of payment: receipt or bank statement, copies of original check (front and back)

## SECTION C: OTHER COVERAGE INFORMATION

If your primary coverage is through another medical plan, you must file your claim with that plan first. If there is a balance remaining, after your primary medical plan pays your claim, you may file a claim with Kaiser Permanente for the difference.

<b>Name and Address of Other Insurance</b>	<b>Subscriber ID Number</b>	<b>Group Number</b>
	<b>Employer Name</b>	<b>Insurance Telephone Number</b>
		( ) -

**SECTION D: AUTOMOBILE ACCIDENT RELATED MEDICAL SERVICES**

<b>Automobile Insurance Name and Address</b>	<b>Automobile Insurance Phone Number</b>
	(     )     -
	<b>Was the patient a driver or passenger?</b> <input type="checkbox"/> Driver <input type="checkbox"/> Passenger

**PLEASE PROVIDE A LEGIBLE COPIES OF THE FOLLOWING DOCUMENTS:**

- Copy of the auto policy face sheet for the vehicle in which the patient was riding
- Medical records and/or reports that you may have in your possession
- Please include all itemized bill requirements in section D below

**SECTION E: FOREIGN/CRUISE TRAVEL REQUIRED DOCUMENTS**

**ALL BELOW DOCUMENTATION IS REQUIRED TO BE SUBMITTED FOR REIMBURSEMENT OF FOREIGN/CRUISE CLAIMS**

- Proof of payment: Receipt or bank statement, copies of original checks (front and back)	- Diagnosis code noted on claim form
- Proof of pharmaceutical payment: Include on claim form and provide copies	- Copies of original itemized bills of service—professional, hospital, and pharmaceutical
- Proof of travel: Travel documentation, for example, copy of travel itinerary and/or airline tickets	- Applicable medical records, including copies of original medical report, admission notes, emergency

**SECTION F: AUTHORIZING SIGNATURE**

**PATIENT / AUTHORIZING NAME: (PARENT'S SIGNATURE IF PATIENT IS A MINOR or LEGAL DEPENDENT)**

**PATIENT/ AUTHORIZING SIGNATURE: (PARENT'S SIGNATURE IF PATIENT IS A MINOR or LEGAL DEPENDENT)**

**SIGNATURE DATE**

**SECTION G: MAILING ADDRESS AND MEMBER SERVICE PHONE NUMBER**

<b>COLORADO MEMBERS</b> <b>Claim Address</b> P.O. Box 373150 Denver, CO 80237-150  <b>MEMBER SERVICES</b> <b>1-855-364-3184</b>	<b>GEORGIA MEMBERS</b> <b>Claim Address</b> P.O. Box 370010 Denver, CO 80237-150  <b>MEMBER SERVICES</b> <b>1-855-364-3185</b>	<b>CALIFORNIA MEMBERS</b> <b>Claim Address</b> P.O. Box 261155 Plano, TX 75026  <b>MEMBER SERVICES</b> <b>1-800-392-8649</b>
<b>MD, DC OR VA MEMBERS</b> <b>Claim Address</b> P.O. Box 261130 Plano, TX 75026  <b>MEMBER SERVICES</b> <b>1-800-392-8649</b>	<b>HAWAII MEMBERS</b> <b>Claim Address</b> P.O. Box 261205 Plano, TX 75026  <b>MEMBER SERVICES</b> <b>1-800-392-8649</b>	

**PROVIDER REIMBURSEMENT:** If your request is on behalf of your provider for provider reimbursement, please have the Provider submit charges directly to Kaiser Permanente on the CMS1500 or UB04 industry standard claim form, which is required for processing. Please ensure your provider has your Kaiser Permanente member ID number information and copy of your ID card.



**KAISER PERMANENTE®**

Kaiser Permanente Insurance Company

# Nondiscrimination Notice

Kaiser Permanente Insurance Company (KPIC) complies with applicable federal civil rights law and does not discriminate on the basis of race, color, national origin, age, disability, or sex. Kaiser Permanente does not exclude people or treat them differently because of race, color, national origin, age, disability or sex. We also:

- Provide no cost aids and services to people with disabilities to communicate effectively with us, such as:
  - o Qualified sign language interpreters
  - o Written information in other formats, such as large print, audio, and accessible electronic formats
  
- Provide no cost language services to people whose primary language is not English, such as:
  - o Qualified interpreters
  - o Information written in other languages

If you need these services, please call the **Customer Service number on the back of your ID card.**

If you believe KPIC has failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability, or sex, you can file a grievance by mail or phone at the following addresses based on your Region:

Region	Address / Phone Number
California	KPIC Civil Rights Coordinator, Grievance 1557, 5855 Copley Drive, Suite 250, San Diego, CA 92111 Telephone number: 1-888-251-7052 (TTY:711)
Colorado	Customer Experience Department, Attn: KPIC Civil Rights Coordinator, 2500 South Havana, Aurora, CO 80014 Telephone number:1-800-632-9700 (TTY: 711)
Georgia	Customer Experience Department, Attn: KPIC Civil Rights Coordinator, Nine Piedmont Center, 3495 Piedmont Road, NE Atlanta, GA 30305-1736 Telephone number: 1-888-865-5813 (TTY: 711)
Hawaii	KPIC Civil Rights Coordinator, Grievance 1557, 5855 Copley Drive, Suite 250, San Diego, CA 92111 Telephone number: 1-888-251-7052 (TTY:711)
Maryland / Virginia / Washington D.C.	KPIC Civil Rights Coordinator, Grievance 1557, 5855 Copley Drive, Suite 250, San Diego, CA 92111 Telephone number: 1-888-251-7052 (TTY:711)

You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights electronically through the Office for Civil Rights Complaint Portal, available at <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>, or by mail or phone at: U.S. Department of Health and Human Services, 200 Independence Avenue SW, Room 509F, HHH Building, Washington, DC 20201, 1-800-368-1019, 1-800-537-7697 (TDD). Complaint forms are available at: <http://www.hhs.gov/ocr/office/file/index.html>.



KAISER PERMANENTE.

**Kaiser Permanente Insurance Company  
Notice of Language Assistance**

**No Cost Language Services.** You can get an interpreter. You can get documents read to you and some sent to you in your language. For help, call us at the number listed on your ID card or 1-800-464-4000. For more help call the CA Dept. of Insurance at 1-800-927-4357. TTY users call 711. English

**Servicios en otros idiomas sin ningún costo.** Puede conseguir un intérprete. Puede conseguir que le lean los documentos y que algunos se le envíen en su idioma. Para obtener ayuda, llámenos al número que aparece en su tarjeta de identificación o al 1-800-464-4000. Para obtener más ayuda, llame al Departamento de Seguro de CA al 1-800-927-4357. Los usuarios de la línea TTY deben llamar al 711. Spanish

**免費語言服務。** 您可使用口譯員。您可請人將文件唸給您聽，且您可請我們將您語言版本的部分文件寄給您。如需協助，請致電列於會員卡上的電話號碼或致電 1-800-464-4000 與我們聯絡。如需進一步協助，請致電 1-800-927-4357 與加州保險局聯絡。聽障及語障電話專線使用者請致電 711。Chinese

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**Doo bik'é azláágo Saad Bee Áká Aná'álwo'.** Ata' halne'í ná shóidoot'eet. Nizaad bee naaltsoos nich'í' yídóoltah Shiká i'doolwoł nínízingo éi béesh bee hodiílnih, naaltsoos bee nééhózinígíi bik'ehgo hane'í bikáá' éi doodago koji' hodiílnih 1-800-464-4000. Náána łahgo áldó' shiká i'doolwoł nínízingo koji' hodiílnih CA Dept. of Insurance bik'ehgo hane'í éi 1-800-927-4357. TTY chodayool'ígíi éi díi 711. Navajo

**Dịch vụ về ngôn ngữ miễn phí.** Quý vị có thể được cấp thông dịch viên và được người đọc giấy tờ, tài liệu bằng ngôn ngữ quý vị dùng cho quý vị nghe. Để được giúp đỡ, xin gọi chúng tôi theo số điện thoại ghi trên thẻ ID hội viên hoặc số 1-800-464-4000. Để được giúp đỡ thêm, vui lòng gọi Bộ Bảo hiểm CA theo số 1-800-927-4357. Người sử dụng TTY gọi số 711. Vietnamese

**무료 언어 서비스.** 한국어 통역 서비스 및 한국어로 서류를 낭독해 드리는 서비스를 제공하고 있습니다. 도움이 필요하신 분은 귀하의 ID 카드에 나와 있는 전화번호 또는 1-800-464-4000 번으로 문의하십시오. 보다 자세한 사항은 캘리포니아 주 보험국, 전화번호 1-800-927-4357 번으로 문의하십시오. TTY 사용자 번호 711. Korean

**Mga Libreng Serbisyo kaugnay sa Wika.** Maaari kayong kumuha ng tagasalin-wika at hingin na basahin sa inyo ang mga dokumento sa sarili ninyong wika. Para humingi ng tulong, tawagan kami sa numerong nakasulat sa inyong ID card o sa 1-800-464-4000. Para sa karagdagang tulong tawagan ang CA Dept. of Insurance sa 1-800-927-4357. Dapat tumawag ang mga gumagamit ng TTY sa 711. Tagalog

**Անվճար լեզվական ծառայություններ:** Դուք կարող եք օգտվել բանավոր թարգմանչի ծառայություններից և խնդրել, որ փաստաթղթերը Ձեր լեզվով կարդան Ձեզ համար: Օգնության համար զանգահարեք մեզ՝ Ձեր ID քարտի վրա նշված կամ 1-800-464-4000 հեռախոսահամարով: Լրացուցիչ օգնության համար զանգահարեք Կալիֆոռնիայի ապահովագրության դեպարտամենտ՝ 1-800-927-4357 հեռախոսահամարով: TTY -ից օգտվողները պետք է զանգահարեն 711: Armenian

**Бесплатные услуги языкового перевода.** Вы можете воспользоваться услугами переводчика, при этом документы могут быть зачитаны Вам на Вашем языке. Чтобы получить помощь, позвоните нам по телефону, указанному в Вашей идентификационной карточке участника, или 1-800-464-4000. За дополнительной помощью обращайтесь в Департамент страхования штата Калифорния (CA Dept. of Insurance) по телефону 1-800-927-4357. Пользователи TTY, звоните по номеру 711. Russian

無料の言語サービス。通訳に依頼して、日本語で書類を読んでもらうことができます。通訳サービスが必要な際は、IDカードに記載の番号、または1-800-464-4000にお電話ください。さらにヘルプが必要な場合は、カリフォルニア州保険庁（1-800-927-4357）にお電話ください。TTYユーザーの方は、711にお電話ください。Japanese

خدمات زبان به صورت رایگان. می توانید از خدمات مترجم شفاهی بهره مند شوید و ترتیب خواندن متن ها برای شما به زبان خودتان را بدهید. برای دریافت کمک و راهنمایی، با ما به شماره ای که روی کارت شناسایی شما قید شده یا 1-800-464-4000 تماس بگیرید. برای دریافت کمک و راهنمایی بیشتر با اداره بیمه کالیفرنیا به شماره 1-800-927-4357 تماس بگیرید. کاربران TTY با شماره 711 تماس حاصل نمایند. Persian

ਮੁਫ਼ਤ ਭਾਸ਼ਾ ਸੇਵਾਵਾਂ। ਤੁਸੀਂ ਇੱਕ ਦੁਆਰੀਏ ਦੀ ਸੇਵਾ ਹਾਸਲ ਕਰ ਸਕਦੇ ਹੋ ਅਤੇ ਤੁਹਾਨੂੰ ਦਸਤਾਵੇਜ਼ ਤੁਹਾਡੀ ਭਾਸ਼ਾ ਵਿੱਚ ਪੜ੍ਹ ਕੇ ਸੁਣਾਏ ਜਾ ਸਕਦੇ ਹਨ। ਮਦਦ ਲਈ, ਤੁਹਾਡੇ ਆਈਡੀ ਕਾਰਡ 'ਤੇ ਦਿੱਤੇ ਨੰਬਰ 'ਤੇ ਜਾਂ 1-800-464-4000 'ਤੇ ਸਾਨੂੰ ਫ਼ੋਨ ਕਰੋ। ਵਧੇਰੇ ਮਦਦ ਲਈ, ਕੈਲੀਫ਼ੋਰਨੀਆ ਡਿਪਾਰਟਮੈਂਟ ਆਫ਼ ਇਨਸ਼ੂਰੈਂਸ ਨੂੰ 1-800-927-4357 'ਤੇ ਫ਼ੋਨ ਕਰੋ। TTY ਦੇ ਉਪਯੋਗਕਰਤਾ 711 'ਤੇ ਫ਼ੋਨ ਕਰੋ। Punjabi

សេវាភាសាឥតគិតថ្លៃ។ អ្នកអាចទទួលបានអ្នកបកប្រែបាន និងឲ្យគេអានឯកសារជូនអ្នក ជាភាសាខ្មែរ។ សំរាប់ជំនួយ សូមទូរស័ព្ទមក យើងតាមលេខដែលមាននៅលើប័ណ្ណ ID របស់អ្នក ឬ 1-800-464-4000។ សំរាប់ជំនួយថែមទៀត ទូរស័ព្ទទៅក្រសួងធានារ៉ាប់រងរដ្ឋកាលីហ្វ័រនីញ៉ា តាមលេខ 1-800-927-4357។ អ្នកប្រើ TTY ហៅលេខ 711។ Khmer

خدمات ترجمة بدون تكلفة. يمكنك الحصول على مترجم وقراءة الوثائق لك باللغة العربية. للحصول على المساعدة، اتصل بنا على الرقم المبين على بطاقة عضويتك أو على الرقم 1-800-464-4000. للحصول على مزيد من المعلومات اتصل بإدارة التأمين لولاية كاليفورنيا على الرقم 1-800-927-4357. لمستخدمي خدمة الهاتف النصي يرجى الاتصال على 711. Arabic

Cov Kev Pab Txhais Lus Tsis Raug Nqi Dab Tsi Koj muaj tau ib tug neeg txhais lus thiabhais tau kom nyeem cov ntaub ntawv ua koj hom lus rau koj. Xav tau kev pab, hu rau peb ntawm tus xov toojteev muaj nyob rau ntawm koj daim yuaj ID los yog 1-800-464-4000. Xav tau kev pab ntxiv hu rau CA Tuam Tsev Tswj Kev Pov Hwm ntawm 1-800-927-4357. Cov neeg siv TTY hu rau 711. Hmong

मुफ्त भाषा सेवाएँ। आप एक दुभाषिया प्राप्त कर सकते हैं और आपको दस्तावेज़ आपकी भाषा में पढ़ कर सुनाए जा सकते हैं। सहायता के लिए, अपने आईडी कार्ड पर दिये नम्बर या 1-800-464-4000 पर हमें फोन करें। अधिक सहायता के लिए कैलीफ़ोर्निया डिपार्टमेंट ऑफ़ इंशूरेंस को 1-800-927-4357 पर फोन करें। TTY प्रयोक्ता 711 पर फोन करें। Hindi

บริการด้านภาษาที่ไม่คิดค่าบริการ คุณสามารถขอรับบริการล่ามแปลภาษาและขอให้อ่านเอกสารให้คุณฟังเป็นภาษาของคุณได้ หากต้องการความช่วยเหลือ โปรดโทรติดต่อหาเราตามหมายเลขที่ระบุอยู่บนบัตร ID ของคุณหรือหมายเลข 1-800-464-4000 หากต้องการความช่วยเหลือในเรื่องอื่นๆ เพิ่มเติม โปรดโทรติดต่อฝ่ายประกันโรคมะเร็งที่หมายเลข 1-800-927-4357 ผู้ใช้ TTY โปรดโทรไปที่หมายเลข 711. Thai

# Help in your Language

English: ATTENTION: If you speak English, language assistance services, free of charge, are available to you.

☎ KPIC Fully insured plans: ☎	
Colorado .....	1-800-632-9700
District of Columbia .....	1-800-777-7902
Georgia .....	1-888-865-5813
Hawaii .....	1-800 966-5955
Maryland .....	1-800-777-7902
Virginia.....	1-800-777-7902
TTY.....	711

**አማርኛ (Amharic) ማስታወሻ:** የሚናገሩት ቋንቋ አማርኛ ከሆነ የትርጉም እርዳታ ድርጅቶች፣ በነጻ ሊያገዝዎት ተዘጋጅተዋል። ☎

**العربية (Arabic) ملحوظة:** إذا كنت تتحدث العربية، فإن خدمات المساعدة اللغوية تتوافر لك بالمجان. ☎

**Հայերեն (Armenian) ՈՒՇԱՂԻՐՈՒԹՅՈՒՆ:** Եթե խոսում եք հայերեն, ապա ձեզ անվճար կարող են տրամադրվել լեզվական աջակցության ծառայություններ: ☎

**ፊጋጋ (Bassa) Dè dɛ nià kɛ dyédé gbo:** Ɔ jũ ké m̀ Bàsóò-wùdù-po-nyò jũ ní, níí, à wuɖu kà kò dò po-poò béìn m̀ gbo kpáa ☎

**বাংলা (Bengali) লক্ষ্য করুন:** যদি আপনি বাংলা, কথা বলতে পারেন, তাহলে নিঃখরচায় ভাষা সহায়তা পরিষেবা উপলব্ধ আছে। ☎

**Cebuano (Bisaya) ATENSYON:** Kung nagsulti ka og Cebuano, aduna kay magamit nga mga serbisyo sa tabang sa lengguwahe, nga walay bayad. ☎

**中文 (Chinese) 注意:** 如果您使用繁體中文, 您可以免費獲得語言援助服務。 ☎

**Chuuk (Chukese) MEI AUCHEA:** Ika iei foosun fonuomw: Foosun Chuuk, iwe en mei tongeni omw kopwe angei aninisin chiakku, ese kamo. ☎

**فارسی (Farsi) توجه:** اگر به زبان فارسی گفتگو می کنید، تسهیلات زبانی بصورت رایگان برای شما فراهم می باشد. ☎

**Français (French) ATTENTION:** Si vous parlez français, des services d'aide linguistique vous sont proposés gratuitement. ☎

**Deutsch (German) ACHTUNG:** Wenn Sie Deutsch sprechen, stehen Ihnen kostenlos sprachliche Hilfsdienstleistungen zur Verfügung. ☎



**Português (Portuguese) ATENÇÃO:** Se fala português, encontram-se disponíveis serviços linguísticos, grátis. 📞

**ਪੰਜਾਬੀ (Punjabi) ਧਿਆਨ ਦਿਓ:** ਜੇ ਤੁਸੀਂ ਪੰਜਾਬੀ ਬੋਲਦੇ ਹੋ, ਤਾਂ ਭਾਸ਼ਾ ਵਿੱਚ ਸਹਾਇਤਾ ਸੇਵਾ ਤੁਹਾਡੇ ਲਈ ਮੁਫਤ ਉਪਲਬਧ ਹੈ। 📞

**Română (Romanian) ATENȚIE:** Dacă vorbiți limba română, vă stau la dispoziție servicii de asistență lingvistică, gratuit. 📞

**Русский (Russian) ВНИМАНИЕ:** если вы говорите на русском языке, то вам доступны бесплатные услуги перевода. 📞

**Faa-Samoa (Samoan) MO LOU SILAFIA:** Afai e te tautala Gagana fa'a Sāmoa, o loo iai auaunaga fesoasoani, e fai fua e leai se totogi, mo oe. 📞

**Español (Spanish) ATENCIÓN:** si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. 📞

**Tagalog (Tagalog) PAUNAWA:** Kung nagsasalita ka ng Tagalog, maaari kang gumamit ng mga serbisyo ng tulong sa wika nang walang bayad. 📞

**ไทย (Thai) เรียน:** ถ้าคุณพูดภาษาไทย คุณสามารถใช้บริการช่วยเหลือทางภาษาได้ฟรี โทร 📞

**Lea Faka-Tonga (Tongan) FAKATOKANGA'I:** Kapau 'oku ke Lea Faka-Tonga, ko e kau tokoni fakatonu lea 'oku nau fai atu ha tokoni ta'etotongi, pea teke lava 'o ma'u ia. 📞

**Українська (Ukrainian) УВАГА!** Якщо ви розмовляєте українською мовою, ви можете звернутися до безкоштовної служби мовної підтримки. 📞

📞 **اردو (Urdu) خبردار:** اگر آپ اردو بولتے ہیں، تو آپ کو زبان کی مدد کی خدمات مفت میں دستیاب ہیں۔

**Tiếng Việt (Vietnamese) CHÚ Ý:** Nếu bạn nói Tiếng Việt, có các dịch vụ hỗ trợ ngôn ngữ miễn phí dành cho bạn. 📞

**Yorùbá (Yoruba) AKIYESI:** Ti o ba nso ede Yoruba ofe ni iranlowo lori ede wa fun yin o. 📞