

# Reimbursement Instructions

## How to complete this Medical Claim Reimbursement Form

### When to use this form?

1. Fill out this form if you're asking for a dental, hearing, gym or vaccine reimbursement and you paid a doctor, healthcare professional, or service provider who did not bill us directly.
2. Don't use this form for prescription drug claim reimbursements. Visit [www.astivahhealth.com](http://www.astivahhealth.com) or call the member services number on your Astiva Health member ID card for a prescription drug claim form.

### How to fill out this form?

1. Complete each section. Print clearly in black ink only, or type the information in the form.
2. Sign and date the bottom of the completed form.

### Where to send the completed form?

1. Make copies of all of your receipts and itemized bills from your provider. Be sure to include your Astiva Health member ID number on each receipt and bill. All materials submitted will be retained by us and cannot be returned to you.
2. Mail this completed form and your original receipts and itemized bills to Astiva Health – 765 The City Drive South #200, Orange, CA 92868.
3. You can fax/email this completed form, your original receipts and itemized bills to [Memberservices@astivahhealth.com](mailto:Memberservices@astivahhealth.com) or fax to 1-949-522-8553.

### Things to remember

1. Please submit this form within 90 days from the date you received the service or item.
2. If your request is incomplete, we'll return it to you and this will delay processing.
3. If we approve your request, it can take up to 30 days to send payment once we have all the required information.

### Questions?

We're here to help. Just give us a call at the number on your Astiva Health member ID card.

## Acknowledgement

You understand it is a crime to fill out this form with information you know is false. You understand that submission of a claim is not a guarantee of payment, or payment in the full amount. You understand if the services are deemed covered services then the health plan will reimburse you up to the benefit amount minus any applicable deductibles, coinsurance, or copayments. You understand we may need to disclose the information on the form to other persons and entities to process the claim.



