



Louisiana Member Reimbursement Request Form for Medical Care, Services and Supplies

General instructions: Use this form to apply for payment of costs you paid to Medicaid providers for covered medical care, services and supplies. This applies to the time from when you became eligible for UnitedHealthcare Community Plan up to the time you got your ID card. Your date of eligibility is on your member ID card. Make sure you and your physician or other health care professional fill out this form completely in order for you to receive timely reimbursement for paid medical services. The name of the member who received the service(s) is required.

- Type or print requested information
- Ask your provider(s) to help you complete all information in **Part II** and **Part III**
- Provide receipts or other proof of payment showing the bill was paid by you or a third party
- Tape itemized receipt(s), proof of payment(s) or claim form(s) for each service on a separate sheet of paper(s). (Do not staple items.)
- A separate reimbursement request form should be completed for each patient
- Please keep a copy of each itemized bill or receipt for your records
- Do not submit a form if your physician or other health care professional is also filing a claim to UnitedHealthcare for the same service
- If applicable, provide:
 - For **Durable Medical Equipment:** the proof of medical necessity and any prescription given
 - For **Dental:** the diagnosis and procedure codes for each tooth

Part I – Member information

Last name	First name	Middle initial	
Member ID number	Member birthdate (mm/dd/yyyy)		
Street address	City	State	ZIP code
Patient name (if different from member)			
Patient's birthdate (mm/dd/yyyy)	Phone number		

Part II – Provider information

Provider full name	Provider tax ID number	Provider phone number	
Street address	City	State	ZIP code

Part III – Service information

Date of service (mm/dd/yyyy)	Place of service	Codes for procedures, services or supplies	Diagnosis code	Amount of charges	Amount paid by you
/ /					
/ /					
/ /					
/ /					
/ /					
				Total charges	Total amount paid by you

For questions or assistance, please contact **Member Services** at **1-866-675-1607**, TTY **711**, 7:00 a.m.–7:00 p.m., Monday–Friday. If all information has been correctly submitted, you can expect your claim to be processed within 30 business days of receipt by UnitedHealthcare. **This is not a guarantee of payment.**

Before you submit your claim...

1. Be sure that all fields are completed.
2. Make copies of all receipts and completed forms. Receipts will not be returned.
3. Write your UnitedHealthcare member ID number on all paperwork you submit.
4. A separate claim form should be completed for each patient.

Mail form and attachments in the return envelope to:

Member Reimbursement
 UnitedHealthcare Community & State
 P.O. Box 31364
 Salt Lake City, UT 84131-0364