

MEMBER REIMBURSEMENT CLAIM FORM

PATIENT INFORMATION

MEMBER ID – From FirstCarolinaCare ID Card		GROUP NUMBER	RELATIONSHIP TO SUBSCRIBER <input type="checkbox"/> Self <input type="checkbox"/> Spouse <input type="checkbox"/> Child <input type="checkbox"/> Other	
NAME Last	First	MI	BIRTHDATE	GENDER <input type="checkbox"/> M <input type="checkbox"/> F
STREET ADDRESS		CITY	STATE	ZIP CODE
COUNTY	HOME PHONE - Including Area Code () -		WORK PHONE - () -	

OTHER INSURANCE INFORMATION – Note: if another insurance or Medicare is primary, attach a copy of the Explanation of Benefits (EOB)

DOES THE PATIENT HAVE OTHER HEALTH INSURANCE COVERAGE? <input type="checkbox"/> YES <input type="checkbox"/> NO	NAME OF OTHER INSURANCE COMPANY	POLICY NUMBER
OTHER POLICY HOLDERS NAME Last	First	MI
RELATIONSHIP TO PATIENT <input type="checkbox"/> Self <input type="checkbox"/> Spouse <input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Other		
Does the patient have Medicare coverage? <input type="checkbox"/> YES <input type="checkbox"/> NO	MEDICARE HEALTH INSURANCE CLAIM NUMBER	COVERED BY (Check all that apply) <input type="checkbox"/> Part A <input type="checkbox"/> Part B

MEDICAL EXPENSES

YES NO Is this condition or injury job related?
 ___/___/___ If yes, what date did the injury occur?
 YES NO Is this service billable to Workers' Compensation?

Be sure to attach a copy of the itemized receipt from the provider

Date of Service (MM/DD/YYYY)	Provider of Service (Name of doctor, clinic, laboratory, hospital, etc)	Services Rendered (Office Visit, X-ray, etc)	Illness or Diagnosis	Charges
			Total Charges	
			Amount Paid	

SIGNATURE

I certify that the above information is true and correct to the best of my knowledge. I authorize the release of any medical information necessary to process this claim.

SIGNATURE: _____ DATE: _____

MAILING ADDRESS

Please mail completed forms and attachments to:
 Member Reimbursement
 FirstCarolinaCare Insurance Company
 42 Memorial Drive
 Pinehurst, NC 28374

If you have any questions, please call Member Services at (910) 715-8100 or toll free at (800)-574-8556.