



Preferred Care Gold/GoldAnywhere HealthDollarssm Reimbursement Form

- Please use this form for reimbursement for your \$100 HealthDollars benefit.
- HealthDollars is ONLY available to Preferred Care Gold and GoldAnywhere health plan members.
- Reimbursement forms must be received no later than one year after the date you paid for the service.
- Please PRINT. For more information about completing the form, see the reverse side.

Member Information: (for the specific member using this benefit)

Health Plan ID #:																			
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Member's Last Name	First Name	Middle Initial	Date of Birth (MM/DD/YYYY)
Address	City/State/Zip Code	Phone Number	

Service Provider Information:

Name, address and phone number of service provider	Amount Paid	Date of Payment

Total number of receipts attached:		Total paid:	\$
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Certification and Authorization: (this form must be signed below)

I authorize the release of any information to Preferred Care about my HealthDollars utilization. I certify that the information provided in support of this submission is complete and accurate. It has not and will not be submitted for reimbursement under any other health plan coverage (such as a Flexible Spending Account).

Subscriber's signature

Date

Any person who knowingly files a reimbursement request containing any misrepresentation or any false, incomplete or misleading information is guilty of a criminal act punishable under law and may be subject to civil penalties.

Return to: Preferred Care, Gold/GoldAnywhere HealthDollars, P.O. Box 22920, Rochester, New York 14692-2920

(see reverse for guidelines on completing this form)

For Office Use Only:

Provider #		HHHHHH				Loc/POS	CPT/HCPCS	Diagnosis Code	Charges
Date of Payment									
From			To						
MM	DD	YY	MM	DD	YY				
						99	S9986 All Other	V689	
						99	99199 Non-Covered	V689	
								Total:	

How to Submit Your HealthDollars Reimbursement Request

In order to process your request promptly, please refer to the following guidelines to ensure that all necessary information is included.

1. This form may be used ONLY by Preferred Care Gold or GoldAnywhere members when submitting a reimbursement request for your HealthDollars benefit. This benefit is provided to each Gold/GoldAnywhere member. For example, two Gold/GoldAnywhere members belonging to the same household would each receive one \$100 HealthDollars annual reimbursement.
2. All reimbursement forms must be received by Preferred Care no later than one year after the date you paid for the service.
3. The HealthDollars benefit applies to the year in which the service is paid. For example, if a service was provided in December, but you paid for it in January of the current plan year, it will apply to the current plan year's HealthDollars benefit. You must have been a Preferred Care member at the time of payment.
4. Attach the pre-printed, paid original receipt showing the type of service:
 - You must pay for the service before submitting a request for reimbursement.
 - For each item you are requesting, you must attach a copy of itemized bills, statements or receipts pre-printed or stamped or on company letterhead with the service provider's name and address.
 - Balance forward/prior balance statements are not acceptable.
 - The documentation from the service provider must include the following information:
 - The name of the provider;
 - The type of service provided;
 - The date the service was rendered (start date);
 - Your out-of pocket cost for the service, including date(s) of all payment(s); and
 - The name of the person(s) receiving the service.
 - Please note: reimbursement requests that are not submitted according to these guidelines will be returned for you to correct and re-submit.
5. Preferred Care reserves the right to refuse reimbursement if the service provider does not meet benefit and quality standards as determined by Preferred Care.
6. Merchandise, such as attire, fitness equipment, fitness videos and publications, golf clubs, bicycles, and entry fees do not qualify for reimbursement.

Country club fitness facilities and swim lessons at country clubs qualify for reimbursement only if there is an additional charge for the fitness facility/swim lessons that is billed separately from the membership fee and/or dues.
7. Sign this form and return it to: Preferred Care
Gold/GoldAnywhere HealthDollars
P.O. Box 22920
Rochester, New York 14692-2920
8. Please allow 4-6 weeks for reimbursement (as long as your request is complete and accurate).
9. Please visit our Web site at www.preferredcare.org for more information about HealthDollars.

Preferred Care is dedicated to prompt and accurate reimbursements to our health plan participants. By following these instructions and filling out the reimbursement form completely, you will help us process your request in a satisfactory manner. Thank you!