



I paid out of pocket and am requesting reimbursement for covered medical, vision or dental services.

Member Reimbursement Form

- 1) Fully complete Sections 1-5 of this form. Please use dark ink and print clearly.
- 2) Enclose your original receipts and itemized statements. Do not attach receipts to this form.
- 3) Keep copies for your records. Receipts will not be returned.
- 4) Mail the completed form to VIVA MEDICARE no later than one (1) year after the date of service.

Section 1 – Member Information		
Member Number (on your member ID card)	Member Name	
Address Line 1	Date of Birth	Phone Number
Address Line 2	City	State ZIP code
Section 2 – Provider Information	Section 3 - Comments	
Dentist or Doctor Name	Description/explanation of claim:	
Group Practice Name		
Address Line 1		
Address Line 2		
City, State Zip		
Section 4 – Enclose Receipts		
Medical, Dental and Vision receipts must contain:		
<ul style="list-style-type: none"> ➤ Your name ➤ Date of service ➤ Provider’s name and address 	<ul style="list-style-type: none"> ➤ Diagnosis and procedure codes (for medical care) ➤ Itemized charges ➤ Proof of payment 	
<p>Contact the provider if you need additional information. Receipts in a non-English language must be translated prior to submission.</p>		
Section 5 – Signature		
The above statements and enclosed receipts are true and complete to the best of my knowledge.		
X _____	_____	
Signature	Date	
Section 6 – Mailing Instructions		
Mail to:	Questions?	
VIVA MEDICARE Claims Department	Call Member Services: 1-800-633-1542 toll free	
417 20 th Street North, Suite 1100	TTY users: 711	
Birmingham, AL 35203	Monday - Friday, 8 a.m. - 8 p.m.	
	(Oct. 1 to Mar. 31, 7 days a week, 8 a.m. - 8 p.m.)	



VIVA MEDICARE is an HMO plan with a Medicare contract and a contract with the Alabama Medicaid Agency. Enrollment in VIVA MEDICARE depends on contract renewal.

VIVA HEALTH complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability or sex.

ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1-800-633-1542 (TTY: 711).

注意：如果您使用繁體中文，您可以免費獲得語言援助服務。請致電 1-800-633-1542 (TTY: 711)。