iCare Member Reimbursement Form

To request reimbursement, complete and print this form. Enclose a legible copy of your itemized receipt(s), and send them to the following address. Be sure to keep a copy for your records.

iCare Health Solutions, PO Box 495902, Cincinnati, OH 45249

PATIENT

How are you related?* (check one)

☐ Member ☐ Domestic Partner ☐ Dependent Parent ☐ Disabled Dependent
☐ Spouse ☐ Child ☐ Full-Time Student ☐ Other

Date of Birth*: *(mm/dd/yyyy)*_____ Sex*: ☐ Male ☐ Female

Last Name*:_____ First Name*:_____ MI:___

Address*:_____

City*:_____ State*:_____ ZIP*:_____ ZIP+4:_____

MEMBER

Full Member Subscriber ID*:_____

☐ Member information below is the same as Patient

Date of Birth*: *(mm/dd/yyyy)*_____ Gender*: ☐ Male ☐ Female

Last Name*:_____ First Name*:_____ MI:___

Address 1*:_____ Address 2:_____

City*:_____ State*:_____ ZIP*:_____ ZIP+4:_____

CLAIM

Date of Service*: *(mm/dd/yyyy)* _____

Exam.....	$
Frame.....	$
Lens.....	$
Lens Tints or Coatings.....	$
Contact Lens Exam/Fitting Evaluation.....	$
Contacts.....	$
Total.....	$

Lens Type*: *(choose one)*

☐ Single
☐ Bifocal
☐ Trifocal
☐ Progressive
☐ Lenticular

PROVIDER

Last Name:_____ First Name:_____

Office Name:_____

Address 1*:_____ Address 2:_____

City*:_____ State*:_____ ZIP*:_____ ZIP+4:_____

PRINT AND SIGN

I promise that the information I put on this form is true and correct. Also, I have read the fraud warning. I know that this provider is not with iCare. iCare cannot guarantee I will be satisfied.

Claimant Signature:_____ Date:_____

Fraud Statement

Any person who knowingly and with intent to injure, defraud, or deceive any insurer files a statement of claim or an application containing any false, incomplete, or misleading information is guilty of a felony of the third degree. (Note: Depending on the state where you live, additional penalties may apply).

To learn about your privacy rights and how your protected health information may be used, see the the iCare Health Solutions Notice of Privacy Practices on myicarehealth.com.