

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.....	\$	Lens Type*: (choose one)
Frame.....	\$	<input type="checkbox"/> Single
Lens.....	\$	<input type="checkbox"/> Bifocal
Lens Tints or Coatings.....	\$	<input type="checkbox"/> Trifocal
Contact Lens Exam/Fitting Evaluation.....	\$	<input type="checkbox"/> Progressive
Contacts.....	\$	<input type="checkbox"/> Lenticular
Total.....	\$	

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.

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Classification: Public