



Submitting Healthcare Claims/Foreign Claims

Instructions:

- **Please complete the form below.** You may need to contact your provider for information needed to complete the form. Note - incomplete information may result in a delay processing your claim.
- **Include a paid receipt for all services.** All services listed on the form must have a receipt to be reimbursed.
- For any foreign claims, please be sure to include an English translation for any notes or documentation. Currency must be translated to U.S. dollars.
- **This form is not used to reimburse prescription medications.** Please visit our website <https://commongroundhealthcare.org/formulary/> to get the OptumRx Prescription Reimbursement Form. Over the counter medications are not reimbursable.
- Any cost share (copayment, deductible, and/or coinsurance) amount that is displayed on your explanation of benefits is your responsibility and will not be reimbursed.

Member's Name:		Member ID:	
Street Address:			
City:		State:	Zip Code:
Date of Service:			
Date of Service:		Total Billed:	
Place of Service: <input type="checkbox"/> Clinic <input type="checkbox"/> Office <input type="checkbox"/> Hospital <input type="checkbox"/> Other (please specify):			
Rendering Provider's Name:			
Provider's Address:			
Provider Tax ID Number (TIN):		Provider Phone Number:	
Is this claim related to an automobile accident? <input type="checkbox"/> No <input type="checkbox"/> Yes If yes, please submit claim to your Auto Insurance Carrier.			
Please Include The Following Information For Each Service Received			
CPT/HCPC Procedure Code(s)	ICD-10 Diagnosis Code(s)	Amount Billed in Foreign \$	Amount Billed in U.S. Dollars \$

Mail the completed form with receipts, proof of payment, and translated notes to:

Common Ground Healthcare Cooperative, Attn: Claims
P.O. BOX 1630,
Brookfield, WI 53008-1630

Claims submitted for reimbursement are subject to the benefits outlined in your *Certificate of Coverage*. Deductible, copay, coinsurance and/or plan limitations such as frequency limits, may be applied to submitted claims. If you have any questions regarding this form or how to submit a claim, please contact Member Services at 877-514-2442.