LifeWise Assurance Company

P.O. Box 91059
Seattle, WA 98111-9159

# Member Submitted Claim Form

This form is to be used for **medical, vision,** and **dental claims** where you incurred expenses from a provider who did not bill the plan directly.
**Do not use this form for prescription reimbursement.** Please use the Prescription Drug Reimbursement Form (for primary prescription claim submission) or the Secondary Insurance Prescription Drug Claim Form.
**See instructions on other side for additional information to complete your claim.**

## 1. Patient / Member

*NOTE: Complete a separate claim form for each patient/member.*

| Prefix and ID number (see ID card) | Group number (see ID card) | Patient name (first, middle, last) | Date of birth (month/day/year) |
|---|---|---|---|
| | | | |

| Address | City | State | ZIP CODE |
|---|---|---|---|
| | | | |

| Home phone number | Work or alternate phone number | Subscriber name (first, middle, last) |
|---|---|---|
| | | |

Does the patient have coverage from any other health plan?
☐ No, skip to section 2 ☐ Yes, please attach the Explanation of Benefits (EOB) statement from the primary plan with this claim, and complete the following information.

| Name of other health plan | ID number or policy number of other health plan | Phone number of other health plan |
|---|---|---|
| | | |

## 2. Claim Details

*NOTE: You must submit an itemized bill or your claim will be returned.*

Have the charges been paid in full?
☐ No ☐ Yes, please attach proof of payment in full with your itemized bill.

In what setting were these services performed?
☐ Inpatient hospital ☐ Outpatient hospital ☐ Office/clinic ☐ Surgery center ☐ Skilled nursing facility ☐ Home ☐ Other:

## 3. International Claim

*NOTE: You must submit an itemized bill or your claim will be returned.*

Is this claim for expenses incurred outside the United States?
☐ No, skip to section 4 ☐ Yes, please attach an itemized bill and available medical records, and complete this section.

| Name of provider | Type of provider<br>☐ Hospital ☐ Lab<br>☐ Office ☐ X-ray | Country of service | City of service | Date of service |
|---|---|---|---|---|
| | | | | |

| Diagnosis (describe illness and symptoms requiring treatment) | Charges | Currency used |
|---|---|---|
| | | |

## 4. Accident / Injury

| Is this claim due to an accidental injury?<br>☐ No, skip to section 5 ☐ Yes, complete this section | Date of accident | Where did the accident occur?<br>☐ Home ☐ Work ☐ School ☐ Auto ☐ Other: |
|---|---|---|
| | | |

How did the accident happen?

Description of injury

## 5. Signature

**To be accepted, this form must be fully completed (as appropriate to the claim being submitted), signed, and have an itemized bill attached.**
**Mail to:** LifeWise Assurance Company, P.O. Box 91059, Seattle, WA 98111-9159

| Patient signature (or legal guardian if patient cannot legally consent to services) | Relationship to patient<br>☐ Self<br>☐ Other: | Date (month/day/year) |
|---|---|---|
| | | |

**Please note:** *It is a crime to knowingly provide false, incomplete, or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines, and denial of insurance benefits.*

# Instructions

**A. Complete a claim form.** Most providers will bill directly for you and no claim form will be necessary. However, if you do incur expenses from a provider who will not bill the plan directly, you will need to complete a claim form and provide an itemized bill. (See section B for information about itemized bills.)

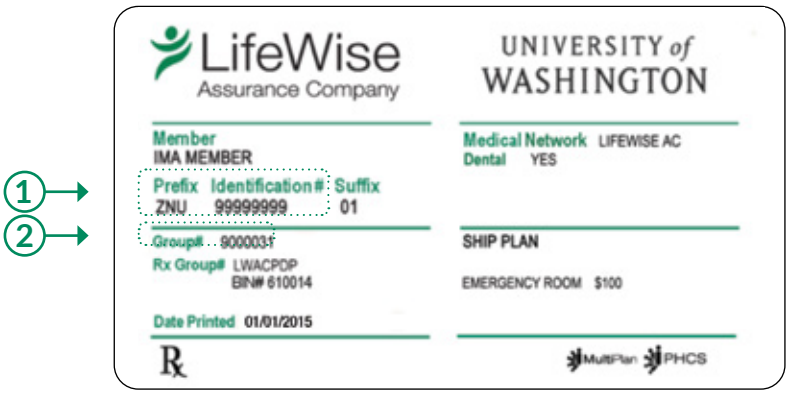
**B. Attach the itemized bill.** Please do not highlight or modify the itemized bill as this may cause delayed processing of your claim.

The itemized bill must contain all of the following information:

- Name of the member who incurred the expense.
- Name, address, and IRS tax identification number of the provider.
- Diagnosis code (ICD-10). This information must be obtained from your provider.
- Procedure codes (CPT-4, HCPCS, ADA, or UB-04). This information must be obtained from your provider.
- Date of service and itemized charge for each service rendered.

**Please note:** Your claim will be returned if all of the required information listed above is not included.

**C. The front of your member ID card** may not match the card pictured below. This sample card is meant to be a guide to help you identify your prefix, identification, and group numbers. These numbers are required to complete your claim form.




1 — **Prefix and Identification #** help us verify your eligibility, determine your coverage, and process claims.

2 — **Group #** identifies your plan's benefits.

**D. The back of your member ID card** provides additional information. To help ensure your claims are paid properly, encourage physicians and other providers to copy the front and back of your card each time you visit.

You can research claim and eligibility information online. Visit our self-service website at **student.lifewiseac.com.** You may also call customer service at the phone number shown on the back of your ID card.

## Notice of availability and nondiscrimination **800-971-1491 | TTY: 711**

Call for free language assistance services and appropriate auxiliary aids and services.
Llame para obtener servicios gratuitos de asistencia lingüística, y ayudas y servicios auxiliares apropiados.
呼吁提供免费的语言援助服务和适当的辅助设备及服务。
呼籲提供免費的語言援助服務和適當的輔助設備及服務。
Gọi cho các dịch vụ hỗ trợ ngôn ngữ miễn phí và các hỗ trợ và dịch vụ phụ trợ thích hợp.
무료 언어 지원 서비스와 적절한 보조 도구 및 서비스를 신청하십시오.
Звоните для получения бесплатных услуг по переводу и других вспомогательных средств и услуг.
Tumawag para sa mga libreng serbisyo ng tulong sa wika at angkop na mga karagdagang tulong at serbisyo.
Звертайтесь за безкоштовною мовною підтримкою та відповідними додатковими послугами.
សូមហៅទូរសព្ទទៅសេវាជំនួយភាសាដោយឥតគិតថ្លៃ ព្រមទាំងសេវាកម្ម និងជំនួយចាំបាច់ដែលសមរម្យផ្សេងៗ។
無料言語支援サービスと適切な補助器具及びサービスをお求めください。
ለነፃ የቋንቋ እርዳታ አገልግሎቶች እና ተገቢ ድጋፍ ሰጪ አጋዥ መሳሪያዎችን እና አገልግሎቶችን ለማግኘት በስልክ ቁጥር
Tajaajiloota deeggarsa afaan bilisaa fi gargaarsaa fi tajaajiloota barbaachisaa ta'an argachuuf bilbilaa.
મુફત ભાષા સહાયતા સેવાઓ અને ઉચિત સહાયક ચીજો અને સેવાઓ વાપરવા કોલ કરો।
Fordern Sie kostenlose Sprachunterstützungsdienste und geeignete Hilfsmittel und Dienstleistungen an.
ໂທເພື່ອຮັບການບໍລິການຊ່ວຍເຫຼືອດ້ານພາສາ ແລະ ການບໍລິການ ແລະ ການຊ່ວຍເຫຼືອພິເສດທີ່ເໝາະສົມແບບບໍ່ເສຍຄ່າ.
Rele pou w jwenn sèvis asistans lengwistik gratis ak èd epi sèvis oksilyè ki apwopriye.
Appelez pour obtenir des services gratuits d'assistance linguistique et des aides et services auxiliaires appropriés.
Zadzwoń, aby uzyskać bezpłatną pomoc językową oraz odpowiednie wsparcie i usługi pomocnicze.
Ligue para serviços gratuitos de assistência linguística e auxiliares e serviços auxiliares adequados.
Chiama per i servizi di assistenza linguistica gratuiti e per gli ausili e i servizi ausiliari appropriati.
اتصل للحصول على خدمات المساعدة اللغوية المجانية والمساعدات والخدمات المناسبة.
برای خدمات کمک زبانی رایگان و کمک‌ها و خدمات امدادی مقتضی، تماس بگیرید.

**Discrimination is against the law.** LifeWise Assurance Company (LifeWise) complies with applicable Federal and Washington state civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex, including sex characteristics, intersex traits, pregnancy or related conditions, sexual orientation, gender identity, and sex stereotypes. LifeWise does not exclude people or treat them less favorably because of race, color, national origin, age, disability, sex, sexual orientation, or gender identity. LifeWise provides people with disabilities reasonable modifications and free appropriate auxiliary aids and services to communicate effectively with us, such as qualified sign language interpreters and written information in other formats (large print, audio, accessible electronic formats, other formats). LifeWise provides free language assistance services to people whose primary language is not English, which may include qualified interpreters and information written in other languages. If you need reasonable modifications, appropriate auxiliary aids and services, or language assistance services, contact our Civil Rights Coordinator. If you believe that LifeWise has failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability, sex, sexual orientation, or gender identity, you can file a grievance with: Civil Rights Coordinator — Complaints and Appeals, PO Box 91102, Seattle, WA 98111, Toll free: 855-332-6396, TTY: 711, Fax: 425-918-5592, Email AppealsDepartmentInquiries@LifeWiseHealth.com. You can file a grievance in person or by mail, fax, or email. If you need help filing a grievance, our Civil Rights Coordinator is available to help you. You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights, electronically through the Office for Civil Rights Complaint Portal, available at https://ocrportal.hhs.gov/ocr/portal/lobby.jsf, or by mail or phone at: U.S. Department of Health and Human Services, 200 Independence Ave SW, Room 509F, HHH Building, Washington, D.C. 20201, 1-800-368-1019, 800-537-7697 (TDD). Complaint forms are available at http://www.hhs.gov/ocr/office/file/index.html. You can also file a civil rights complaint with the Washington State Office of the Insurance Commissioner, electronically through the Office of the Insurance Commissioner Complaint Portal available at https://www.insurance.wa.gov/file-complaint-or-check-your-complaint-status, or by phone at 800-562-6900, 360-586-0241 (TDD). Complaint forms are available at https://fortress.wa.gov/oic/onlineservices/cc/pub/complaintinformation.aspx.

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