



## Member Claim Form

To assist you in seeking reimbursement for covered medical services that you have paid for, including services received in a foreign country, please mail the following information to Unity Health Insurance, 840 Carolina Street, Sauk City, WI 53583-1374 or fax to 608-643-2564.

- Complete this form
- A copy of the billing statement or claim form received from physician or clinic
- Receipts and/or proof of payment

*Note:* Unity processes claim within 30 days of receipt. The reimbursement check will be made out to and sent to the policyholder of the health plan.

If you are seeking reimbursement for prescription drugs received in the United States, please use the Prescription Claim Form located at [unityhealth.com](http://unityhealth.com) by selecting *Members* and then *Self-Help Forms* under Quick Links.

### Complete the following:

Policyholder Name: \_\_\_\_\_

Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Patient Name: \_\_\_\_\_

Subscriber # (from your Unity ID card): \_\_\_\_\_

Reason for Visit – if claim is from a foreign country, please indicate where the charges occurred

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Fill in the date(s) of service, description of service(s) and the amount paid below:

Date(s) of Service	Description of Service(s)	Amount Paid
1.		\$
2.		\$
3.		\$
4.		\$
5.		\$
<b>Total Amount</b>		<b>\$</b>

If you have any questions, please send a message to Unity Customer Service through *Ask an Expert* within MyChart at [unityhealth.com](http://unityhealth.com) or call 800-362-3310 and select option 4.

To request your MyChart account, go to [unitymychart.com](http://unitymychart.com). Complete the form and an activation code will be mailed to your home within 10 days. Once you receive your activation code, follow the instructions to activate your account.