



### 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 provide us with the following information:

- 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/Members/SelfServiceForms](http://unityhealth.com/Members/SelfServiceForms)

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:

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

If you have any questions, please contact Unity Customer Service through *Ask an Expert* within MyUnity at [unityhealth.com](http://unityhealth.com) or call 800-362-3310 and press 4.

To sign up for MyUnity, go to [unityhealth.com](http://unityhealth.com) and in the MyUnity login box click Need to register? As a first time user, you will need to create a new account. After your account is created, you can login using your username and password.