

Instructions for submitting a Medi-Care First PFFS Reimbursement Form

- 1.) Submit this form for bills that you have received for medical services or supplies for which you have paid. Your Evidence of Coverage explains which expenses are covered.
- 2.) Fill out the reverse side. If you have any questions, please call the Member Service Department at 1-866-675-8636 Monday through Sunday between the hours of 8:00AM and 8:00PM. If you are a TTY user, please call 1-800-988-0668.
- 3.) Always attach receipts for the bills you are submitting. Receipts should include:
 - A: your full name
 - B: name and address (on official bill) of the doctor, hospital, or other provider of service or supplies
 - C: type of service or supplies received. (for example: doctor visit, ambulance, etc.)
 - D: date each service or supply was provided
 - E: amount charged for each service or supply
- 4.) Double check- Have you completed each section on the reverse side and included all necessary receipts?
- 5.) You may want to copy this form and the attachments for your records. If so, please be sure to submit all the originals.
- 6.) Mail the Reimbursement Form with the attached receipts to:

Medi-CareFirst BlueCross BlueShield
Member Service
c/o Operations Administration
P.O.Box 535185
Pittsburgh, PA 15253-5185

A Medicare Advantage Private Fee-for-Service plan works differently than a Medicare supplement plan. Your doctor or hospital must agree to accept the plan's terms and conditions prior to providing healthcare services to you, with the exception of emergencies. If your doctor or hospital does not agree to accept our payment terms and conditions, they may not provide healthcare services to you, except in emergencies. Providers can find the plan's terms and conditions on our website at: www.medi-carefirst.com

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