EssentiaCare
Essentia Health + UCare

EssentiaCare Health Care Expense Claim Form

For reimbursement of medical claims that you have paid, please complete the information below and attach copies of any bills, receipts or itemized statements from all providers. For worldwide emergency and urgent care claims, please include medical records. Make sure your Group number and your 11-digit member ID number are listed on all pages of correspondence submitted. If you have questions, please contact *EssentiaCare* Customer Services at 218-722-4915 or 1-855-432-7025 toll free. TTY users call 651-676-6810 or 1-800-688-2534 toll free.

Note: For pharmacy reimbursement claim forms, please contact Customer Service.

Member Information			
Member Name		Date of Birth	
Member ID number (11 digits)		Group number	
Member Street Address	City	State	Zip

Claim Information
Check appropriate box below if claim was due to one of the following: □ Auto Accident □ Work-related □ Other Accident
If you have other insurance, including travel insurance, which may cover all or part of this claim, please list the insurance company name, address, policy number and group number here.

Dates of Service		Procedures, Services or Supplies*	Diagnosis Code*	Charges	Physician/Supplier Name, Address, Phone, NPI*	Federal Tax ID*

From	To	Place of Service Code*					
Dates of Service		Place of Service Code*	Procedures, Services or Supplies*	Diagnosis Code*	Charges	Physician/Supplier Name, Address, Phone, NPI*	Federal Tax ID*
From	To						
Dates of Service		Place of Service Code*	Procedures, Services or Supplies*	Diagnosis Code*	Charges	Physician/Supplier Name, Address, Phone, NPI*	Federal Tax ID*
From	To						
Dates of Service		Place of Service Code*	Procedures, Services or Supplies*	Diagnosis Code*	Charges	Physician/Supplier Name, Address, Phone, NPI*	Federal Tax ID*
From	To						
Dates of Service		Place of Service Code*	Procedures, Services or Supplies*	Diagnosis Code*	Charges	Physician/Supplier Name, Address, Phone, NPI*	Federal Tax ID*
From	To						

*If you are unclear where to find some of the requested information, please ask your provider for the information needed to complete this form. Add additional sheets if necessary.

A person who submits an application or files a claim with intent to defraud or helps commit fraud against an insurer is guilty of a crime.

Authorization: I authorize any health care professional or entity, employer, union, insurance company, health maintenance organization, other health plan company or prepayment organization to give *EssentiaCare* any and all records or information pertaining to medical history or services rendered to me for evaluation of this claim, and for any analytical or research purposes. This authorization will automatically expire one year from the date of signature unless I revoke it sooner.

Member Signature	Date

Please keep copies of all correspondence and send a legible copy of all documents, including the completed claim form to:

UCare
Attn: Claims
PO Box 70
Minneapolis, MN 55440-0070

EssentiaCare is a PPO plan with a Medicare contract. Enrollment in *EssentiaCare* depends on contract renewal.

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