UCare

Fairview UCare Choices 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 UCare Customer Services at 612-6609 or 1-877-903-0069 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.			

500 Stinson Blvd. NE Minneapolis MN 55413-2615 • P.O. Box 52 Minneapolis MN 55440-0052
612-676-6500 • 1-866-457-7144 • TTY: 1-800-688-2534 • Fax: 612-676-6501 • www.ucare.org

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*
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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 UCare 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

This information is available in other forms to people with disabilities by calling: 612-676-6600 (voice) or toll free at 1-877-903-0070 (voice), 612-676-6810 (TTY) or toll free at 1-800-688-2534 (TTY), or through the Minnesota Relay at 711 or toll free direct access at 1-800-627-3529 (TTY, Voice, ASCII, Hearing Carry Over), or 1-877-627-3848 (speech-to-speech relay service).

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If you, or someone you're helping, has questions about *UCare Choices*, you have the right to get help and information in your language at no cost. To talk to an interpreter, call 1-877-903-0070.

እርስዎ፣ ወይም እርስዎ የሚያግዙት ግለሰብ፣ ስለ UCare Choices ጥያቄ ካላቸሁ፣ ያለ ምንም ክፍያ በቋንቋዎ እርዳታና መረጃ የማግኘት መብት አላቸሁ። ከአስተርጓሚ ጋር ለመነጋገር፣ 1-877-903-0070 ይደውሉ።

إن كان لديك أو لدى شخص تساعده أسئلة بخصوص UCare Choices، فلديك الحق في الحصول على المساعدة والمعلومات الضرورية بلغتك من دون اية تكلفة للتحدث مع مترجم اتصل ب 1-877-903-0070.

ប្រសិនបើអ្នក ឬនរណាម្នាក់ដែលអ្នកកំពុងតែជួយ មានសំណួរអំពី UCare Choicesទេ, អ្នកមានសិទ្ធិទទួលជំនួយនិងព័ត៌មាន នៅក្នុងភាសា បេស់អ្នក ដោយមិនអស់ច្រាក់ ។ ដើម្បីនិយាយជាមួយអ្នកបកប្រែសូម 1-877-903-0070 ។.

如果您，或是您正在協助的對象，有關於 UCare Choices 方面的問題，您有權利免費以您的母語得到幫助和訊息。洽詢一位翻譯員，請撥電話 1-877-903-0070。

Isin yookan namni biraa isin deeggartan UCare Choices irratti gaaffii yo qabaattan, kaffaltii irraa bilisa haala ta'een afaan keessaniin odeeffannoo argachuu fi deeggarsa argachuuf mirga ni qabdu. Nama isiniif ibsu argachuuf, lakkoofsa bilbilaa 1-877-903-0070 tiin bilbilaa.

Si vous, ou quelqu'un que vous êtes en train d'aider, a des questions à propos de UCare Choices, vous avez le droit d'obtenir de l'aide et l'information dans votre langue à aucun coût. Pour parler à un interprète, appelez 1-877-903-0070.

Falls Sie oder jemand, dem Sie helfen, Fragen zum UCare Choices haben, haben Sie das Recht, kostenlose Hilfe und Informationen in Ihrer Sprache zu erhalten. Um mit einem Dolmetscher zu sprechen, rufen Sie bitte die Nummer 1-877-903-0070 an.

Yog koj, los yog tej tus neeg uas koj pab ntawd, muaj lus nug txog UCare Choices, koj muaj cai kom lawv muab cov ntshiab lus qhia uas tau muab sau ua koj hom lus pub dawb rau koj. Yog koj xav nrog ib tug neeg txhais lus tham, hu rau 1-877-903-0070.

နာ့မှတမ့်ပုာတဂၤဂၤလာနမၤစာၤအီၤ့မ့်အိဉ်ဒီးတ်ဘံကွ်တဖဉ်ဘဉ်ဃးဒီးUCare Choices နှဉ့်နအိဉ်ဒီးတ်ခွဲးတ်ယာ်လာနကဒံးန့်ဘဉ်တ်မၤစာၤဒီးတ်ဂ့်တ်ကျိၤလာနကျိာ်ဇဉ်နဲလာတလိဉ်ဟ့ဉ်အပှ့ၤသဉ်နှဉ်လီၤ.လာနကကတိၤတ်ဒီးပုၤကတိၤကျိာ်ထံတ်အဂီ်,ကီး1-877-903-0070 တက့်.

만약 귀하 또는 귀하가 돕고 있는 어떤 사람이 UCare Choices 에 관해서 질문이 있다면 귀하는 그러한 도움과 정보를 귀하의 언어로 비용 부담없이 얻을 수 있는 권리가 있습니다. 그렇게 통역사와 얘기하기 위해서는 1-877-903-0070 로 전화하십시오.

ຖ້າທ່ານ, ຫຼືຄົນທີ່ທ່ານກຳລັງຊ່ວຍເຫຼືອ, ມີຄຳຖາມກ່ຽວກັບ UCare Choices, ທ່ານມີສິດທີ່ຈະໄດ້ຮັບການຊ່ວຍເຫຼືອແລະຂໍ້ມູນຂ່າວສານທີ່ເປັນພາສາຂອງທ່ານບໍ່ມີຄ່າໃຊ້ຈ່າຍ. ການໂອ້ລົມກັບນາຍພາສາ, ໃຫ້ໂທຫາ 1-877-903-0070.

Если у вас или лица, которому вы помогаете, имеются вопросы по поводу UCare Choices, то вы имеете право на бесплатное получение помощи и информации на вашем языке. Для разговора с переводчиком позвоните по телефону 1-877-903-0070.

Si usted, o alguien a quien usted está ayudando, tiene preguntas acerca de UCare Choices, tiene derecho a obtener ayuda e información en su idioma sin costo alguno. Para hablar con un intérprete, llame al 1-877-903-0070.

Kung ikaw, o ang iyong tinutulangan, ay may mga katanungan tungkol sa UCare Choices, may karapatan ka na makakuha ng tulong at impormasyon sa iyong wika ng walang gastos. Upang makausap ang isang tagasalin, tumawag sa 1-877-903-0070.

Nếu quý vị, hay người mà quý vị đang giúp đỡ, có câu hỏi về UCare Choices, quý vị sẽ có quyền được giúp và có thêm thông tin bằng ngôn ngữ của mình miễn phí. Để nói chuyện với một thông dịch viên, xin gọi 1-877-903-0070.