



75 Vanderbilt Avenue, Staten Island NY 10304 1-844-CPHL-CARES

**Member Reimbursement Form**

Please complete this form by printing clearly, and make sure to sign and date. Supporting documents and itemized receipts must be submitted with this form in order to process reimbursement.

<b>Section 1 – Member Information</b>			
Member Name:		Member ID on card:	
Address:	City:	State:	Zip:
<b>Section 2 – Service Details</b>			
Provider of Service (name on receipt):			
Date(s) of Service:			
Amount Charged: \$			
<b>Section 3 – Comments</b> <i>(Description / explanation of claim or receipt)</i>			
<b>Section 4 – Signature</b>			
I certify that the above statements and attachments are true and complete to the best of my knowledge and all expenses are for the member stated above.			
x			
<i>Signature</i>		<i>Date</i>	
<b>Section 5 – Instructions</b>			
<b>Mail this form to:</b> Centers Plan for Healthy Living Attn: Member Reimbursement 75 Vanderbilt Avenue, 7 <sup>th</sup> Floor Staten Island, NY 10304  <b>Fax this form to:</b> 347-547-7889		<b>Questions?</b> Call Member Services at 1-844-274-5227 (toll free), seven days a week, from 8 am to 8 pm. TTY users, please call 711.	