

# Priority Health Medicare reimbursement form

*For out-of-country health care expenses*

**Please complete this form and attach a copy of your receipts.**

If you have claims for more than one family member, complete a new form for each person.  
Please note: Part D prescription drugs are not covered outside of the United States.

Section 1 - Member information			
Priority Health contract number	Last name		First name
Street address	City	State	ZIP code

Section 2 - Health care expenses					
Services received	Provider	Reason for visit	Date of service	Currency type billed (Example: Peso, Euro, etc.)	Amount charged (in U.S. dollars)
<b>Total:</b>					

Section 3 - Additional information
<p>Did you have travel insurance? <input type="checkbox"/>Yes <input type="checkbox"/>No</p> <p>If yes:</p> <p>Name of the travel insurance carrier: _____</p> <p>Travel policy contract number: _____</p> <p>Travel insurance carrier phone number: _____</p> <p>Was any of the travel work related? <input type="checkbox"/>Yes <input type="checkbox"/>No Explain: _____</p> <p>In what country did these expenses take place? _____</p> <p>Is this reimbursement related to an accident or injury? <input type="checkbox"/>Yes <input type="checkbox"/>No</p> <p>If yes:</p> <p>How did the injury take place? _____</p> <p>Was a vehicle involved? <input type="checkbox"/>Yes <input type="checkbox"/>No</p> <p>Where did it take place? _____</p>

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continued>

## Section 4 - Comments (optional)

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## Section 5 - Signature

The above statements and attachments are true and complete to the best of my knowledge. If someone is submitting the claim on the patient's behalf, an Authorization of Representation form (Form CMS-1696) must be attached. Form CMS-1696 can be downloaded at **priorityhealth.com** or obtained by calling the Customer Service number on the back of your membership card.

Signature

Date

## Section 6 - Instructions

**Fax to:** 616.942.0616

**Or mail to:**

Priority Health  
ATTN: TPL department, MS 2205  
PO Box 232  
Grand Rapids, MI 49501-0232

### Questions?

Call Customer Service toll-free  
at 888.389.6648  
(TTY users should call 711), seven days  
a week from 8 a.m.–8 p.m.