Member Reimbursement Form

This form is used when payment was made directly to your provider. Please fill out, sign, and mail this form with original receipts to:

Vermont Blue Advantage Member Correspondence
P.O. Box 21113
Eagan, MN 55121

Member ID: (*found on your Vermont Blue Advantage ID card)*			
First Name:	Last Name:		
Street Address:			
City:		State:	ZIP code:
Date of Birth:	Phone Number:	Date of Service:	Was this Related to an Auto Accident? Yes☐ No☐
Was this Work Related? Yes☐ No☐		Other Health Insurance? Yes☐ No☐	
Name of other Health Insurance:		Policy Number:	

In order to process your request, please:

- Complete one form for each service
- Mail original itemized bill that includes the following:
  - Provider name and NPI
  - Date of service
  - Charge
  - Procedure description and/or code*
  - Diagnosis description and/or code*

  **Doesn't apply for flu shots*
- Please keep a copy of your original bill for your files

I certify the above information is true, and the enclosed material is correct and unaltered.	
Signature:	Date:

If you have any questions please call

- Vermont Blue Advantage® Customer Service (PPO): 844-839-5125; TTY users call 711.
- Vermont Blue Advantage Customer Service (HMO): 844-839-5126; TTY users call 711.

We are open 8 a.m. to 8 p.m., seven days a week from October 1 through March 31; 8 a.m. to 8 p.m., Monday through Friday from April 1 through September 30.