

# Member Claim Form

Sutter Health Plus

Use this Sutter Health Plus Member Claim Form to ask for payment for eligible care you have already received and paid the provider of service. This includes over the counter (OTC) COVID-19 at-home tests you purchased without a prescription at retail pharmacies, grocery stores and online.

Follow the instructions below to file a claim for reimbursement of covered services. Sutter Health Plus may delay or return your claim if information is missing.

- You must fill out this entire Claim Form if you paid for services. Include all requested documentation (itemized bill, proof of payment)
- Use a separate Claim Form for each member you are submitting claims for
- You must confirm with the provider that he or she has not sent a claim to Sutter Health Plus for your services. Sutter Health Plus rejects duplicate claims and this may delay payment of the original claim
- Mail completed form and requested documentation to the address below as soon as possible after you receive care. You must also include any additional information we request

Please refer to your *Evidence of Coverage and Disclosure Form (EOC)* for additional details on benefits and reimbursement for services. If you have any questions about how to complete this form, please call Sutter Health Plus Member Services at 1-855-315-5800.

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Mail your completed form to:

Sutter Health Plus  
Attn: Claims Operations  
P.O. Box 211314  
Eagan, MN 55121

**Section A – Subscriber Information**

**Subscriber ID Number**

**Last Name**

**First Name**

**MI**

**Date of Birth**

**Residential Address**

**City**

**State**

**ZIP**

**Home Phone**

**Mobile Phone**

**Section B – Patient Information (If different from subscriber information)**

**Last Name**

**First Name**

**MI**

**Date of Birth**

**Member ID Number**

**Relationship to Subscriber**

**Does the patient have other health insurance coverage?**

**Yes**

**No**

**(If “Yes,” please complete all of the information below.)**

**Name of other health insurance company**

**Group Number**

**Employer Name**

**Policy Number**

**Health Insurance Address**

**City**

**State**

**ZIP**

**Section C – Medical Information**

Please include an itemized bill from your provider and proof of payment with this form. Each itemized bill must include:

- Name, address, and tax identification number of provider (doctor, hospital, lab, pharmacy)
- Name of the patient
- Description of the service(s) provided
- Date on which the service(s) were provided
- Amount charged for each service
- Diagnosis code for the services provided (not required for OTC COVID-19 tests)
- Procedure code for each of the services (not required for OTC COVID-19 tests)

**Section C – Medical Information Cont.**

- 1. Was this medical expense the result of an accident?      Yes      No
- 2. If yes, is there a third party involved?      Yes      No
- 3. Was this condition or injury job related?      Yes      No
- 4. Have you filed for Workers' Compensation?      Yes      No
- 5. If yes, when did the injury or accident happen?      Date .....
- 6. Did you receive the services while traveling outside of the United States?      Yes      No
- 7. If yes, what dates were you traveling outside of the country?      Dates .....
- 8. Is this expense for OTC COVID-19 tests?      Yes      No

**Section D – Agreement**

I certify that, to the best of my knowledge, the information on this Member Claim Form is true and correct. I authorize the release of any medical information necessary to process this claim.

*Any person who knowingly presents false or fraudulent claims for payment may be guilty of a criminal act punishable under law and may be subject to civil penalties.*

.....  
**Authorized Signature**

.....  
**Date**

.....  
**Printed Name (First and Last)**

## Notice of Language Assistance

IMPORTANT: Can you read this? If not, Sutter Health Plus can have somebody help you read it. You may also be able to get this written in your language. For no-cost help, please call Sutter Health Plus Member Services at 1-855-315-5800 (TTY 1-855-830-3500). (English)

IMPORTANTE: ¿Puede leer esto? Si no puede, Sutter Health Plus puede proporcionarle alguien que le ayude a leerlo. También puede obtenerlo por escrito en su idioma. Llame a Sutter Health Plus Member Services al 1-855-315-5800 (TTY 1-855-830-3500), sin costo alguno. (Spanish)

重要提示：您能讀懂這份文件嗎？如果不能，Sutter Health Plus 可以找人幫助您讀它。您還可能得到用您的語言書寫的這份文件。若需要免費幫助，請致電Sutter Health Plus會員服務，電話號碼 1-855-315-5800 (TTY 1-855-830-3500)。(Chinese)

نوکی دق (Sutter Health Plus) سالب ثلی هرتصنأ مل عاف ارّداق نکت مل اذا! اذھ ءءارق یل ع رداق تنأ لھ: تمھم ظوحو لم ءدعاسم یل ع لوصحلل. کتغلُّب ابوتکم هاق لتت نأ اضُّیأ کنکم ی امک. صنلا اذھ ءءارق یف کتدعاسم هنکم ی اصُّخس مھی دل سالب ثلی هرتصن ءاضعأ تامدخب لاصتال ءاجرب، ءیناجم (Sutter Health Plus Member Services) یئرمل صنلا فتاھ 1-855-315-5800 (TTY 1-855-830-3500) فتاھ یل ع (Arabic).

ԿԱՐԵՎՈՐ ՏԵՂԵԿԱՏՎՈՒԹՅՈՒՆ. Կարո՞ղ եք կարդալ սա: Եթե ոչ, Sutter Health Plus-ը կարող է տրամադրել մեկին, ով կօգնի Ձեզ կարդալ այն: Դուք կարող եք նաև ստանալ այն գրված Ձեր լեզվով: Անվճար օգնության համար խնդրում ենք զանգահարել Sutter Health Plus-ի Անդամների սպասարկման բաժին 1-855-315-5800 (TTY 1-855-830-3500) հեռախոսահամարով: (Armenian)

សារ:សំខាន់៖ តើអ្នកអាចអានសច្ចក្រឹតនេះឬទេ? បើសិនមិនអាចទេ Sutter Health Plus អាចមាននរណាម្នាក់ជួយអានវាជូនអ្នក ។ អ្នកក៏អាចនឹងឲ្យមានសច្ចក្រឹតនេះសរសេរជាភាសាបស់អ្នកផងដែរ។ សំរាប់ជំនួយ ជាយុត្តិធម៌ស្តីពីសូមទូរស័ព្ទទៅ ជូនកែសម្រួលសមាជិក Sutter Health Plus តាមលេខ 1-855-315-5800 (TTY 1-855-830-3500)។ (Cambodian)

یدرف زا دن اوت یم Sutter Health Plus، دین اوت یم رگا؟ دیدم فب و دین اوخب ار بل اطم نی دین اوت یم ای: مهم هتکن تامدخ تفایرد یارب. دراد دوجو یسراف نابز هب بل اطم نی مچرت ناکم نی چمه. دن اوخب نات یارب ارن ات در یگب کمک نفلت هرامش اب Sutter Health Plus یاضعأ تامدخ رتفد اب افطل، ناگی یار کمک و (Farsi) 1-855-315-5800 (TTY 1-855-830-3500) سامت

महत्वपूर्ण: क्या आप इसे पढ़ सकते/सकती हैं? यदि नहीं, तो सट्टर हेल्थ प्लस इसे पढ़ने में किसी से आपकी सहायता करवा सकता है। आप इसे अपनी भाषा में भी लिखवाने में समर्थ हो सकते/सकती हैं। निःशुल्क सहायता के लिए, कृपया 1-855-315-5800 (TTY 1-855-830-3500) पर सट्टर हेल्थ प्लस मेंबर सर्वसिस को कॉल करें। (Hindi)

LUS TSEEM CEEB: Koj nyeem puas tau tsab ntawv no? Yog koj nyeem tsis tau, Sutter Health Plus muaj neeg pab nyeem rau koj. Tsis tas li ntawd xwb, peb tuaj yeem muab sau ua hom lus koj nyeem tau rau koj tib si. Yog koj xav tau kev pab pub dawb, thov hu rau Sutter Health Plus Lub Chaw Pab Cuam Tswv Cuab ntawm tus xov tooj 1-855-315-5800 (TTY 1-855-830-3500). (Hmong)

重要なお知らせ：これを読むことができます？読めない場合は、Sutter Health Plus が読むのをお手伝いします。あなたの言語で表示できるかもしれません。無料のご相談は、Sutter Health Plus Member Services、電話: 1-855-315-5800 (TTY 1-855-830-3500) まで。(Japanese)

중요: 귀하는 이것을 읽으실 수 있습니까? 만약 읽으실 수 없다면, Sutter Health Plus 에서 다른 사람에게 부탁하여 그것을 읽으실 수 있도록 도와드릴 수 있습니다. 또한 이것을 귀하의 사용 언어로 작성해 받으실 수도 있습니다. Sutter Health Plus 회원 서비스 1-855-315-5800 (TTY 1-855-830-3500)에 전화를 하시어 무상으로 도움을 받으십시오. (Korean)

ໝາຍເຫດ: ທ່ານອ່ານໄດ້ຈົດໝາຍສະບັບບໍ່? ຖ້ອ້ອນອ່ານບໍ່ໄດ້, ທາງ Sutter Health Plus ມື້ະນັກງານຊ່ວຍອ່ານໃຫ້ທ່ານ. ນອກຈາກນັ້ນ, ພວກເຮົາຍັງສາມາດຂຽນເປັນພາສາຂອງທ່ານໃຫ້ທ່ານອີກດ້ວຍ. ຖ້າທ່ານຕ້ອງການຄວາມຊ່ວຍເຫຼືອໂດຍບໍ່ເສຍຄ່າບໍລິການ, ກະລຸນາຕິດຕໍ່ ໜ່ວຍບໍລິການ ຂອງ Sutter Health Plus ທີ່ໝາຍເລກໂທລະສັບ 1-855-315-5800 (TTY 1-855-830-3500). (Laotian)

ਅਰਮਿ: ਕੀ ਤੁਸੀਂ ਇਸ ਨੂੰ ਪੜ੍ਹ ਸਕਦੇ ਹੋ? ਜੇ ਨਹੀਂ ਤਾਂ, Sutter Health Plus (ਸੱਟਰ ਹੈਲਥ ਪਲਸ) ਕਸਿ ਤੋਂ ਇਹ ਪੜ੍ਹਨ ਵੱਲੋਂ ਤੁਹਾਡੀ ਮੱਦਦ ਕਰਵਾ ਸਕਦਾ ਹੈ। ਤੁਸੀਂ ਇਸ ਨੂੰ ਆਪਣੀ ਭਾਸ਼ਾ ਵੱਲੋਂ ਵੀ ਲਿਖਵਾ ਸਕਦੇ ਹੋ। ਮੁਫਤ ਮੱਦਦ ਲਈ ਕਰਿਪਾ ਕਰ ਕੇ Sutter Health Plus Member Services ਨੂੰ 1-855-315-5800 (TTY 1-855-830-3500) ਉੱਤੇ ਕਾਲ ਕਰੋ। (Punjabi)

ВАЖНО: Вы можете это прочитать? Если нет, Sutter Health Plus может предоставить Вам кого-то, кто сможет помочь Вам прочитать это. Вы также можете получить это в письменной форме на своем языке. Для бесплатной помощи позвоните в Службу поддержки членов Sutter Health Plus по телефону 1-855-315-5800 (TTY 1-855-830-3500). (Russian)

MAHALAGA: Nababasa mo ba ito? Kung hindi, maaari kang bigyan ng Sutter Health Plus ng taong babasa para sa iyo. Maaari mo ding hilingin na isulat ito sa iyong wika. Para sa walang-gastos na tulong, mangyaring tumawag sa Sutter Health Plus Member Services sa. 1-855-315-5800 (TTY 1-855-830-3500). (Tagalog)

สำคัญ: คุณอ่านออกหรือไม่ ถ้าอ่านไม่ออก Sutter Health Plus สามารถให้คนมาช่วยคุณอ่านได้ นอกจากนี้ คุณยังสามารถขอรับเนื้อหานี้เป็นภาษาของคุณได้อีกด้วย หากต้องการความช่วยเหลือโดยไม่มีค่าใช้จ่าย กรุณาโทรหา Sutter Health Plus Member Services ที่ 1-855-315-5800 (TTY 1-855-830-3500) (Thai)

QUAN TRỌNG: Qu. vị có thể đọc thông tin này không? Nếu không, Sutter Health Plus có thể yêu cầu ai đó đọc giúp cho qu. vị. Qu. vị cũng có thể nhận được thông tin này dưới dạng văn bản bằng ngôn ngữ của qu. vị. Để được hỗ trợ miễn phí, vui lòng gọi cho ban Dịch Vụ Thành Viên của Sutter Health Plus theo số 1-855-315-5800 (TTY 1-855-830-3500). (Vietnamese)