

# Direct Member Reimbursement (DMR) Claim Form



This claim form is used by members to request reimbursement of covered expenses. This DMR Claim Form is not required to receive a reimbursement for your expenses. Check your plan materials to find out what expenses your plan will pay for.

## Contact Information

If you have any questions please contact Member Services — HMO: 1-844-918-0114, PPO: 1-844-915-0234 (TTY: 711); October 1 - March 31, 8 a.m. - 8 p.m. EST, 7 days a week and April 1 - September 30, 8 a.m. - 8 p.m. EST, Monday - Friday. Mail form to Mass Advantage, PO Box 219975, Kansas City, MO 64121-9975.

### 1 Please let us know the reason for your reimbursement request

- Traveled out of the country
- Used a non-participating provider
- Other. Please explain below.

### 2 Customer Information

Member Name

Date of Birth

Member ID

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Address (include Apt. #)

City

State

Zip

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Phone Number

Email

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### 3 Provider Information

Provider Name	Phone Number	
Address (include Suite #)		
City	State	Zip

**4 For each service you will need to submit** a billing statement for the services received, and proof of payment, such as a paid receipt, invoice, or provider statement. This information must show:

- The service you received
- The cost of the service (billed amount)
- The amount you paid
- The date you paid
- Your payment type (check, credit card, etc.)

The specific medical information that is needed for each service is:

- The diagnosis or illness
- A description of what service was provided (example office visit, surgery, etc.)
- The number of services provided and the date of each service

### 5 Foreign Travel

What country were you in when you received this medical care?	If the provider invoice is in a foreign language, what is the language?
What currency did they bill you?	What currency did you pay the bill?

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**6 Signature:** By signing and submitting this form, you certify that the information is true and correct.

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Member or authorized representative signature

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Date

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**7 If an Authorized Representative is Submitting This for You**

If someone else is submitting this for you, please include the required Appointment of Representative (AOR), Power of Attorney or Executor of Estate form. The AOR form, instructions and option for a large print version can be found at:

[massadvantage.com/grievances-and-appeals/](https://massadvantage.com/grievances-and-appeals/)

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