SHARED HEALTH ALLIANCE

Member Reimbursement Form

Complete this form if you have eligible medical expenses to submit for sharing with the ASH Health Share. Medical costs submitted for services not outlined as eligible under your membership level will not be considered for sharing.

NOTE: You must be a CURRENT Alliance for Shared Health member for your request for reimbursement to be eligible for sharing.

Please Include the following information with your request:

(1) Receipt showing date of service and amount paid. If there is still a balance reflected for the submitted date of service, we will not be able to process your request.
(2) Itemized statement, copy of provider billing form, or Superbill showing Providers billing information and NPI #, along with, CPT service codes and ICD-10 codes billed.

Member ID _____   Member Name _____

Group _____   Address _____

Active Date _____   City/State/Zip _____

Phone Number _____   Email Address _____

If patient is a dependent - Please complete the following: **Spouse or Child? (Circle One)**

Patient's Name _____   Date of Birth _____

Date of Service Reimbursement Requseted _____

Is Treatment for Injury?   No _____   Yes _____

Where did injury occur?   _____

Briefly describe injury.   _____

_____

Are you seeking reimbursement for the injury/illness through an attorney?   No _____   Yes _____

Name of Attorney _____

Phone # _____

Please Note: When submitting this form to Alliance for Shared Health, or one of it's Third Parties, your signature authorizes the service provider named in the attached bills to release relevant information to Tall Tree Administrators, including but not limited to, medical needs, medical records, and health share membership information.

Print Name _____

Signature _____

Date _____

Failure to submit all requested information will cause delay in processing of this request.

Send Completed Form to: **Fax:**   **Scan/Email:**

Alliance for Shared Health   314-594-0600   memberservices@sharedhealthalliance.com
600 Mason Ridge Rd., Floor 2
St. Louis, MO 63141

An Important Note about Reimbursements: Reimbursement requests are shared just like a medical need shares when submitted by the provider. This means that the reimbursement will get shared per network pricing, or reference based pricing as stated in the ASH Member Guidelines if your provider is out of network. This may result in a reimbursement amount that is lower than the amount member paid on the date of service.
** It is recommended to use Network providers whenever possible and to avoid paying out of pocket for services upfront unless absolutely necessary.