WyoBLUE ADVANTAGE

An independent licensee of the Blue Cross Blue Shield Association

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:

WyoBlue Advantage Member Correspondence
P.O. Box 21451
Eagan, MN 55121

Note: Please ensure all required documents are submitted, otherwise your request will not be processed. Please allow 30 days for processing.

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

- WyoBlue Advantage® Customer Service (PPO): 844-682-9966; 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.