



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 WyoBlue 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\*
- Please keep a copy of your original bill for your files

*\*Doesn't apply for flu shots*

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.

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