



An independent licensee of the Blue Cross Blue Shield Association

**WyoBLUE**  
**ADVANTAGE**

## 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: <i>(found on your WyoBlue Advantage ID card)</i>			
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 <input type="checkbox"/> No <input type="checkbox"/>
Was this Work Related? Yes <input type="checkbox"/> No <input type="checkbox"/>		Other Health Insurance? Yes <input type="checkbox"/> No <input type="checkbox"/>	
Name of other Health Insurance:		Policy Number:	
<b>In order to process your request, please:</b> <ul style="list-style-type: none"><li>• Complete one form for each service</li><li>• Mail original itemized bill that includes the following:<ul style="list-style-type: none"><li>– Provider name and NPI</li><li>– Date of service</li><li>– Charge</li><li>– Procedure description and/or code*</li><li>– Diagnosis description and/or code*</li></ul><i>*Doesn't apply for flu shots</i></li><li>• Please keep a copy of your original bill for your files</li></ul>			
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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