



COMMERCIAL Deductible/Reimbursement Claim Form

NetCare Use Only

Patient/Member Name		NetCare ID Number or Date of Birth	
Subscriber Name			
Mailing Address			
Home Phone	Work Phone (ext)	Cell Phone	Email Address

Reimbursement Disbursement Method	<input type="checkbox"/> Mail to address above <input type="checkbox"/> Pick up at NetCare office			
Type of Service	<input type="checkbox"/> Medical Office <input type="checkbox"/> Dental Office	<input type="checkbox"/> Hospital <input type="checkbox"/> Pharmacy*	<input type="checkbox"/> Lab/X-ray <input type="checkbox"/> Vision	<input type="checkbox"/> Fitness/Gym <input type="checkbox"/> Other
Place of Service	<input type="checkbox"/> Guam <input type="checkbox"/> Philippines	<input type="checkbox"/> United States <input type="checkbox"/> Hawaii	<input type="checkbox"/> Palau <input type="checkbox"/> Asia	<input type="checkbox"/> Other

Date of Service	Provider/Facility Name	Paid Amount

CLAIM REQUIREMENTS - Please provide the following information below:		
Medical & Dental Services <ul style="list-style-type: none"> Date of Service Diagnosis Code (ICD9) - Medical only Procedure Code (CPT & Modifier) Tooth #, Surface or Quadrant - Dental Only If Injury from a accident-Cause & Place of Accident Name of Doctor Itemized Charges Clinic Notes from Doctor Proof of Payment 	*Prescription Drug (OptumRx Drug Reimbursement Form must be completed and submitted to OptumRx by the member) <ul style="list-style-type: none"> Fill Date Name & Strength of Medication National Drug Code (NDC) Prescribing Doctor Name Original Prescription (for Philippine Drug Claims) Name of Pharmacy Itemized Charges Quantity Proof of Payment 	
Laboratory Services <ul style="list-style-type: none"> Date of Service Name of Laboratory Diagnosis Code (ICD9) Procedure Code (CPT) Itemized Bill of Charges Proof of Payment 	Fitness/Gym <ul style="list-style-type: none"> Gym Attendance Sheet Proof of Payment 	Hospital <ul style="list-style-type: none"> Date of Service UB04 Claim Form Complete Medical Report Itemized Bill of Charges Proof of Payment

Deductibles & reimbursements must be submitted within **90 days** from the date of service. Deductibles & reimbursements will be processed based on contracted fees with Participating Providers or Usual Customary Rates (UCR) for Non-Participating Providers; the member is responsible for any excess charges. Claims from foreign countries must be translated to English.

AUTHORIZATION - I authorize any physician, practitioner, hospital, medical care institution, insurance carrier or any other organization, institution, person or employer that has any record or knowledge of care, treatment or advice of me, my spouse, or my children to give such information to NetCare Life & Health Insurance Co. or its representatives. This authorization remains in effect as long necessary to evaluate and or process the above claim. A photographic copy of this authorization shall be as valid as the original. I hereby certify that the above information is true, accurate and complete.

Member/Subscriber Signature _____
Date