Medical & Dental Claim Credit/Reimbursement

Use this form to get credit and/or reimbursement after you have paid a provider directly for a covered benefit.

PEHP Health & Benefits
560 East 200 South, Salt Lake City, UT 84102
801-366-7555 / 800-765-7347
Fax: 801-366-7771

» Instructions

Complete this form and return it to us with the following:

- » A receipt that shows provider information and codes for applicable services rendered or equipment received. Providers can produce this information on the HCFA 1500 or Hospital UB claims form.
- » A copy of your payment receipt to the provider that shows the codes and costs paid.

Proof of Payment Examples:

- › Copy of cashed check, credit/debit card statement
- › Detailed ledger showing charges with dates and payments with dates

Send via the secure Message Center to "Customer Service" or mail to us at the address on the top right.

» Requested Amount

$ _____

Note: COVID tests are reimbursed only when ruling out exposure, not when given to healthy individuals for travel or employment reasons.

☐ I agree my COVID test was for confirming sickness.

» Policy Holder Information *See your PEHP Member ID card.*

Member ID _____

Member Name _____

Street Address _____

City _____ State _____ Zip _____

» Patient Information

Patient Name _____

Patient Date of Birth (Month/Day/Year) _____

Sex

☐ Female
☐ Male

Relationship to Plan Member

☐ 1 Self
☐ 2 Spouse
☐ 3 Eligible Child
☐ 4 Dependent Student
☐ 5 Disabled Dependent
☐ 6 Dependent Parent
☐ 7 Non-spouse Partner
☐ 8 Other