essential HEALTH

Member Reimbursement Form

Instructions for Filing for Reimbursement: The insured must **complete, sign, and email this form along with a copy of the itemized bills and receipts** to claims@ovation-health.com **within 90 days from date expense incurred**. Itemized bills must include:

- Patient name
- Date of service
- Charge for the service
- Types of services/Procedure code
- Diagnosis Code (ICD 10 Format)
- Healthcare provider name
- Place of Service Code
- Provider address
- Provider Tax ID number
- Provider NPI number

Please select your health plan type: ◯ Standard ◯ Enhanced

Employer Name	Member ID Number

First Name	Last Name	Date of Birth	SSN

Address (same as one for check to be sent to)	City	State	Zip Code	Is this a new address? ◯ Yes ◯ No

Email address	Phone number

Patient Information

Patient's First Name	Patient's Last Name	Date of Birth	Relationship to Insured ◯ Self ◯ Spouse ◯ Child

Did the accident or illness result from the patient's occupation? ◯ Yes ◯ No	Date Expense Incurred

Provide details below (Please attach a separate page if more space is needed.)

Authorization of Release Information

I hereby authorize any dentist, physician, insurance company, organization or plan sponsor to release any information including full copies of their records to Essential Health or its administrator for any medical treatment, services or benefits rendered or payable to me on my behalf. A copy of this authorization shall be as valid as the original.

I hereby certify that the foregoing answers are true and correct, to the best of my knowledge. Whoever in any document required by the title of the employee retirement income security act of 1974 makes any false statement or representation of fact shall be fined not more than $10,000 or imprisoned not more than five years or both.

Insured's Signature	Patient's Signature (if not the insured)	Date

Authorization of Payment to the Insured

To authorize payment directly to the insured, please provide authorization by signing below

Insured's Signature	Date

SUBMIT

Click on the "SUBMIT" button, to automatically open an email with this form attached.
Be sure to attach all supporting bills and receipts before sending to claims@ovation-health.com.

For your protection, the laws of several states, including Alaska, Connecticut, District of Columbia, Delaware, Georgia, Indiana, Illinois, Idaho, Indiana, Kentucky, Massachusetts, Michigan, Minnesota, Mississippi, Montana, North Caroline, Nebraska, Nevada, Ohio, Oklahoma, Oregon, South Caroline, South Dakota, Wyoming, Wisconsin and others require the following statement to appear on this form.

FRAUD WARNING

"Any person who knowingly, and with intent to injure, defraud, or deceive an insurance company, submits an application and/or files a statement of claim containing any false, incomplete, misleading information is guilty of insurance fraud which is a felony."

FRAUD WARNING FOR ALABAMA AND ARKANSAS RESIDENTS For your protection, Alabama and Arkansas's laws required the following to appear on this form: "Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or who knowingly presents false information in an application for insurance is guilty of a crime and may be subject to restitution fines or confinement in prison, or any combination thereof."

FRAUD WARNING FOR ARIZONA AND TEXAS RESIDENTS For your protection, Arizona and Texas laws requires the following statement to appear on this form: "Any person who knowingly presents a false or fraudulent claim for payment of a loss is subject to criminal and civil penalties."

FRAUD WARNING FOR ALASKA & CALIFORNIA RESIDENTS For your protection, Alaska and California laws requires the following to appear on this form: "Any person who knowingly presents a false or fraudulent claim for the payment of a loss is guilty of a crime and may be subject to fines and confinement in state prison.

FRAUD WARNING FOR COLORADO RESIDENTS For your protection, Colorado law requires the following to appear on this form: "It is unlawful to knowingly provide false, incomplete, or misleading facts or information to an insurance company for the purpose of defrauding or attempting to defraud the company. Penalties may include imprisonment, fines, denial of insurance and civil damages. Any insurance company or agent of an insurance company who knowingly provides false, incomplete, or misleading facts or information to a policyholder or claimant for the purpose of defrauding or attempting to defraud the policyholder or claimant with regard to a settlement or award payable from insurance proceeds shall be reported to the Colorado Division of Insurance within the Department of Regulatory Agencies. "

FRAUD WARNING FOR FLORIDA RESIDENTS For your protection, Florida law requires the following to appear on this Form: "Any person who knowingly and with intent to injure, defraud, or deceive any insurer files a statement of claim or an application containing any false, incomplete, or misleading information is guilty of a felony of the third degree."

FRAUD WARNING FOR KANSAS RESIDENTS For your protection, Kansas law requires the following to appear on this Form: "Any person who knowingly and with intent to injure, defraud or deceive any insurance company, files a statement of claim or an application containing false, incomplete or misleading information may be guilty of insurance fraud as determined by court of law."

FRAUD WARNING FOR LOUISIANA, MARYLAND, NEW MEXICO AND PENNSYLVANIA RESIDENTS For your protection, Louisiana, Maryland, New Mexico and Pennsylvania laws requires the following to appear on this Form: "Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison."

FRAUD WARNING FOR PUERTO RICO RESIDENTS For your protection, Puerto Rico law requires the following to appear on this Form: "Any person who knowingly and with the intention to defraud includes false information in an application for insurance or file, assist or abet in the filing of a fraudulent claim to obtain payment of a loss or other benefit, or files more than one claim for the same loss or damage, commits a felony and if found guilty shall be punished for each violation with a fine of no less than five thousand dollars ($5,000), not to exceed ten thousand dollars ($10,000); or imprisoned for a fixed term of three (3) years, or both. If aggravating circumstances exist, the fixed jail term may be increased to a maximum of five (5) years; and if mitigating circumstances are present, the jail term may be reduced to a minimum of two (2) years. "

FRAUD WARNING FOR RHODE ISLAND, VIRGINA AND WEST VIRGINIA RESIDENTS For your protection, Rhode Island, Virginia and West Virginia laws requires the following to appear on this Form: "Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or who knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison. "

FRAUD WARNING FOR TENNESSEE AND WASHINGTON RESIDENTS For your protection, Tennessee and Washington laws requires the following to appear on this Form: "It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines and denial of insurance benefits."

Notice Concerning Your Rights of Privacy as a Consumer

Essential Health collects non-public information about you from the following sources:

- Information we receive from you in applications or other forms;
- Information about your transactions with us, our affiliates, or others; and
- Information we receive from a consumer reporting agency

We do not disclose any nonpublic information about our customers or former customers to anyone, except as permitted by law.

We restrict access to your nonpublic personal information to those Essential Health employees who need to know that information to provide products or services. We maintain physical, electronic, and procedural safeguards that comply with federal regulations to guard your nonpublic personal information.