

# OUT OF POCKET EXPENSE REIMBURSEMENT CLAIM FORM

## INSURE OKLAHOMA

### Instructions

1) **Please PRINT or TYPE.** Use only **BLUE** or **BLACK** ink to complete this form. Failure to provide complete, accurate information will result in a non-paid expense(s). Remember to keep the originals and make copies of the documents you are submitting for your own records. **DO NOT** group expenses, each expense **MUST** be listed individually.

For additional assistance or information, call our helpline at **1-888-365-3742** or visit our website at [www.insureoklahoma.org](http://www.insureoklahoma.org). For the hearing impaired, call **(405) 416-6848** (TDD/TTY).

2) You **MUST** attach **ALL PAGES** of the Explanation of Benefits (**EOB**) for medical expenses. For pharmacy expenses you **MUST** submit a copy of the pharmacy tag or a pharmacy printout showing insurance information.

3) A health expense must be for an allowed and covered service by a Qualified Benefit Plan (**QBP**) to be eligible for reimbursement. (See OAC 317:45-1-4 Reimbursement for Out of Pocket Medical Expenses)

4) All claim forms must be received by **MARCH 31<sup>st</sup>** for any expenses from the previous year.

5) **Mail to:** Insure Oklahoma, P.O. Box 54200, Oklahoma City, OK 73154-1200

**E-mail to:** [insureok@okhca.org](mailto:insureok@okhca.org)

#### Applicant Information

Name: Last: \_\_\_\_\_ First: \_\_\_\_\_ M.I.: \_\_\_\_\_

SSN: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Daytime Phone Number: (\_\_\_\_) \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_

Employer Name: \_\_\_\_\_

**List only the in-network expenses incurred by the applicant and eligible Insure Oklahoma household member(s).  
(Attach additional page if necessary)**

Date of Services (mm/dd/yyyy)	Person for Whom Expense Was Incurred		Expense Description (Medicine, Provider, Facility)	Expense Amount
	Name (Last, First, M.I.)	Social Security Number		
<b>Total Requested</b>				<b>\$</b>

The information I give on this form is true and correct to the best of my knowledge. I realize if I give information that is not true OR if I withhold information, I can be lawfully punished for fraud or perjury. I may also have to re-pay the State of Oklahoma for any payments or claims incurred which were paid due to my fraud or error. (28 USC 1746)

**Signature:** \_\_\_\_\_ **Today's Date:** \_\_\_\_\_