



## PPO Member Out-of-Pocket Expense Credit Form

### Section A – Member Information (Please print)

Member ID Number:		Phone Number:	
Last Name:	First Name:	MI:	
Address:			
City:	State/ Zip Code:	Date of Birth: MM	DD YYYY

### Section B – Out-of-Pocket Expense Credit Information (Please print)

Complete this section to assist us in processing your request for credit. Please include a copy of your bill and the receipt(s) showing payment to your healthcare provider.

Date of Service	Service Provider	Service Description	Charged Amount	Paid Amount
Date of Service:				
Date of Service:				
Date of Service:				
Date of Service:				

## Section C – Subscriber Certification

### Acknowledgement:

I certify that the information furnished in conjunction with this request for credit is true and correct. I acknowledge it is a crime to submit this form with information I know to be false. I understand that submission of this request is not a guarantee of credit in the amount I may have paid a healthcare Provider.

If the services are deemed Covered Services then Memorial Hermann Health Insurance Company will credit my Deductible and/or Out-of-Pocket Maximum up to the Allowed Amount for the service. Covered Services can be located in Your Certificate of Coverage and Schedule of Benefits. I understand that there will be no direct payments to me or the Provider for this/these service(s).

---

Member/Authorized Representative Signature\*

Date

\*Authorized Representatives must complete an Authorized Representative form and submit it with this request for credit form or have valid legal documentation on record with Memorial Hermann Health Insurance Company.

## HOW TO COMPLETE THIS FORM

### 1. Member/Authorized Person must complete the following sections of the form:

- Member Information, Out-of-Pocket Expense Credit Information, and Subscriber Certification sections
- Signature of Member or Authorized Representative The form must be signed to process.
- Proof of Payment must be attached, i.e., Doctor's Receipt, Credit Card Receipt, Cancelled Check (front and back), etc.

Note: Please be sure to include all the required information for your request to be processed without delay.

### 2. Submit the form:

The request for Out-of-Pocket Expense Credit must be submitted within 95 days of the date of service. Failure to submit this request within 95 days would require you to submit a written appeal to your health plan showing good cause for the delay in filing the request. Claims for payment of the healthcare service should not have been received from the Provider. If the Claim was billed by the Provider, your request will be denied.

Please contact Customer Service at the number listed on the back of your ID card if you have any questions about completion of this form or if you wish to file an Appeal. Appeals instructions are included in your Certificate of Coverage.

If You made a cash payment for covered services You received from an Out-of-Network Provider or a Participating Network Provider instead of using your benefits under this Certificate, you may be entitled to receive credit toward your Deductible and/or Out-of-Pocket Maximum up to the Allowable Amount. In order to receive this credit, the following conditions must be met:

- The services are Covered Services under the terms of Your Certificate;
- Your Provider does not file a claim for payment for the services with Us;
- The cash amount You paid is less than the Allowable Amount We would have paid the Provider for the Covered Services

To receive the credit, you must submit a PPO Member Out-of-Pocket Expense Credit Form to:

Memorial Hermann Health Plan  
ATTN: Claims Department – Member Responsibility Credits  
P.O. Box 19909  
Houston, Texas 77224-1909

You can find the PPO Member Out-of-Pocket Expense Credit Form posted on the Memorial Hermann Health Plan website at <https://healthplan.memorialhermann.org>. Select 'Members' at the top of the webpage, then select 'Resources' and the form is located under 'Member Documents.' Your request for Deductible and/or Out-of-Pocket Maximum credit must be submitted (postmarked) within 95 days of the date services were provided. When we receive your request for credit, we will contact you if additional information is needed.

Your request will be reviewed to determine that the services provided on your Credit Form are covered by your plan.

- If covered, and a Claim for the services has not previously been submitted (by You or Your Provider), then a credit for your payment amount will be applied to your Deductible and/or Out-of-Pocket Maximum, up to the allowable that would have been paid to the Provider.