



### Direct Member Reimbursement Form

You may have paid for a service, drug, or item that is covered under the QUEST Integration program. For example, you may have paid for a doctor's visit or prescription drugs. Or you may have paid for urgent or emergency care. Submit this form to check if AlohaCare can pay you back. Please review your Member Handbook for a complete list of covered services. Call Member Services if you are not sure if a service is covered.

Reimbursement is not guaranteed. AlohaCare will decide:

- If the service, drug, or item was medically necessary
- If the service, drug, or item meets our guidelines for reimbursement.

You should always see your PCP first to request special services.

#### To file a request:

**1. Complete the information below.** Use a separate form for each date of service. For example, if you went to the doctor and picked up a prescription on the same day, fill out one form and attach both receipts. If you went to the doctor on another day, fill out a separate form and attach that receipt.

**2. Attach clear copies of any itemized bills and receipts.** Keep the originals for your records. We will not return original documents to you.

**3. Attach notes from your doctor.** If you saw a doctor, ask your doctor to give you notes about your visit and include them here.

You have one year (from the day you received services) to submit this form.

If any information is missing, we will deny your request. We will contact you and you may resend your request with the missing information filled in. If your request is approved, you will be reimbursed within 30 days.

#### REIMBURSEMENT REQUEST – PLEASE COMPLETE EACH SECTION BELOW:

##### MEMBER INFORMATION

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

AlohaCare Member ID#: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_

State: \_\_\_\_\_

Zip Code: \_\_\_\_\_

**FACILITY OR PROVIDER INFORMATION**

Facility/Provider Name: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Address: \_\_\_\_\_

**SERVICE INFORMATION**

Date of service: \_\_\_\_\_

Diagnosis or type of illness or injury: \_\_\_\_\_

Description of each service:  
\_\_\_\_\_  
\_\_\_\_\_

Charge for each service:  
\_\_\_\_\_

**PRESCRIPTION DRUG INFORMATION**

Date purchased: \_\_\_\_\_

Name of prescription drug: \_\_\_\_\_

Charge for each prescription: \_\_\_\_\_

**ITEM INFORMATION**

Date purchased: \_\_\_\_\_

Description of item: \_\_\_\_\_

Charge for each item: \_\_\_\_\_

**MEMBER SIGNATURE:** \_\_\_\_\_

**DATE:** \_\_\_\_\_

**Any questions, please contact Member Services:**

973-0712 (Oahu) or toll-free at 1-877-973-0712. TTY users call 1-877-447-5990.

**Mail or Deliver Completed Direct Member Reimbursement Forms to:**

AlohaCare  
Attention: Reimbursement Coordinator  
1357 Kapiolani Blvd., Suite 1250  
Honolulu, HI 96814

Direct Member Reimbursement Form  
Last revised: December 2017



AlohaCare complies with applicable Federal civil rights laws and does not discriminate, exclude people, or treat people differently because of:

- Race
- National Origin
- Disability
- Color
- Age
- Sex

AlohaCare provides free aids and services to people with disabilities to communicate effectively with us, such as:

- Qualified sign language interpreters
- Written information in other formats (large print, audio, accessible electronic formats, other formats)

AlohaCare provides free language services to people whose primary language is not English, such as:

- Qualified interpreters
- Information written in other languages

If you need these services, contact AlohaCare.

If you believe that AlohaCare has failed to provide these services or discriminated in another way, you can file a grievance with:

AlohaCare  
Attn: Grievance and Appeals Division  
1357 Kapiolani Blvd., Ste. 1250  
Honolulu, HI 96814

Phone: 973-0712  
Toll-free: 1-877-973-0712  
TTY/TDD: 1-877-447-5990  
Fax: 973-2140  
Email: [Compliance@alohacare.org](mailto:Compliance@alohacare.org)

You can file a grievance in person or by mail, fax, or email. If you need help filing a grievance, AlohaCare's Grievance and Appeals Department is available to help you.

You can also file a grievance with the U.S. Department of Health and Human Services, Office for Civil Rights, electronically through the Office for Civil Rights Complaint Portal, available at <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>, or by mail or phone at:

U.S. Department of Health and Human Services  
200 Independence Avenue, SW  
Room 509F, HHH Building  
Washington, D.C. 20201  
1-800-368-1019, 800-537-7697 (TDD)  
Complaint forms are available at <http://www.hhs.gov/ocr/office/file/index.html>.

(English) Do you need help in another language? We will get you a free interpreter. Call 1-808-973-0712 to tell us which language you speak. (TTY: 1-877-447-5990).

(Cantonese) 您需要其它語言嗎？如有需要，請致電1-808-973-0712，我們會提供免費翻譯服務 (TTY: 1-877-447-5990).

(Chuukese) En mi niit alilis lon pwal eu kapas? Sipwe angei emon chon chiaku ngonuk ese kamo. Kokori 1-808-973-0712 omw kopwe ureni kich meni kapas ka ani. (TTY: 1-877-447-5990).

(French) Avez-vous besoin d'aide dans une autre langue? Nous pouvons vous fournir gratuitement des services d'un interprète. Appelez le 1-808-973-0712 pour nous indiquer quelle langue vous parlez. (TTY: TTY: 1-877-447-5990).

(German) Brauchen Sie Hilfe in einer anderen Sprache? Wir koennen Ihnen gern einen kostenlosen Dolmetscher besorgen. Bitte rufen Sie uns an unter 1-808-973-0712 und sagen Sie uns Bescheid, welche Sprache Sie sprechen. (TTY: 1-877-447-5990).

(Hawaiian) Makemake `oe i kokua i pili kekahi `olelo o na `aina `e? Makemake la maua i ki`i `oe mea unuhi manuahi. E kelepona 1-808-973-0712 `oe ia la kaula a e ha`ina `oe ia la maua mea `olelo o na `aina `e. (TTY: 1-877-447-5990).

(Ilocano) Masapulyo kadi ti tulong iti sabali a pagsasao? Ikkandakayo iti libre nga paraipatarus. Awaganyo ti 1-808-973-0712 tapno ibagayo kadakami no ania ti pagsasao nga ar-aramatenyo. (TTY: 1-877-447-5990).

(Japanese) 貴方は、他の言語に、助けを必要としていますか？私たちは、貴方のために、無料で通訳を用意できます。電話番号の、1-808-973-0712に、電話して、私たちに貴方の話されている言語を申し出てください。 (TTY: 1-877-447-5990).

(Korean) 다른언어로 도움이 필요하십니까? 저희가 무료로 통역을 제공합니다. 1-808-973-0712로 전화해서 사용하는 언어를 알려주십시오 (TTY: 1-877-447-5990).

(Mandarin) 您需要其它语言吗？如有需要,请致电1-808-973-0712,我们会提供免费翻译服务 (TTY: 1-877-447-5990).

(Marshallese) Kwoj aikuij ke jiban kin juon bar kajin? Kim naj lewaj juon am dri ukok eo ejjelok wonen. Kirtok 1-808-973-0712 im kwalok non kim kajin ta eo kwo melele im kenono kake. (TTY: 1-877-447-5990).

(Samoan) E te mana'o mia se fesosoani i se isi gagana? Matou te fesosoani e ave atu fua se faaliliu upu mo oe. Vili mai i le numera lea 1-808-973-0712 pea e mana'o mia se fesosoani mo se faaliliu upu. (TTY: 1-877-447-5990).

(Spanish) ¿Necesita ayuda en otro idioma? Nosotros le ayudaremos a conseguir un intérprete gratuito. Llame al 1-808-973-0712 y díganos que idioma habla. (TTY: 1-877-447-5990).

(Tagalog) Kailangan ba ninyo ng tulong sa ibang lengguwahe? Ikukuha namin kayo ng libreng tagasalin. Tumawag sa 1-808-973-0712 para sabihin kung anong lengguwahe ang nais ninyong gamitin. (TTY: 1-877-447-5990).

(Tongan) 'Oku ke fiema'u tokoni 'iha lea makehe? Te mau malava 'o 'oatu ha fakatonulea ta'etotongi. Telefoni ki he 1-808-973-0712 'o fakaha mai pe koe ha 'ae lea fakafonua 'oku ke ngaue'aki. (TTY: 1-877-447-5990).

(Vietnamese) Bạn có cần giúp đỡ bằng ngôn ngữ khác không ? Chúng tôi sẽ yêu cầu một người thông dịch viên miễn phí cho bạn. Gọi 1-808-973-0712 nói cho chúng tôi biết bạn dùng ngôn ngữ nào. (TTY: 1-877-447-5990).

(Visayan) Gakinahanglan ka ba ug tabang sa imong pinulongan? Amo kang mahatagan ug libre nga maghuhubad. Tawag sa 1-808-973-0712 aron magpahibalo kung unsa ang imong sinulti-han. (TTY: 1-877-447-5990).