



Experience Health Member Submitted Claim Form

- **Medical Claims**
- **Supplemental Dental Claims**
- **Do not use to file Part D claims**

Use this form to request reimbursement for covered medical or supplemental dental services that you paid for and were not billed to Experience Health by your provider.

To determine if a dental service is covered, please call the toll-free number on the back of your ID card. The yearly maximum allowance for supplemental dental services can be found in your Evidence of Coverage (EOC).

To be reimbursed for covered services that you paid for in full, you need to:

- Complete this form.
- Attach itemized bill from provider.
- Attach paid receipts.

Member's Name		
Member's ID Number	Date of Birth	
Member's Address		
City	State	Zip
Signature:		Date:

- ✓ Print or type using blue or black ink
- ✓ Include all documentation.
- ✓ Make a copy of the documentation that you send to us for your records.
- ✓ Submit claims within 12 months of the date of service.

Send the completed claim form and all required documentation to:

Experience Health
Attention: Claims Dept.
PO Box 17509
Winston-Salem, NC 27116-7509

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