SHARP HEALTH PLAN
make life better.

Member Reimbursement Request Form - Smoking Cessation

INSTRUCTIONS FOR REIMBURSEMENT REQUEST

1. You must submit your reimbursement request within 180 days of the date of you complete the smoking cessation course. Reimbursement for approved charges up to $100 will be mailed within 30 days of receipt of complete documentation.
2. Complete a separate form for each member who is requesting reimbursement. Only one form is needed per member.
3. The member who attends the smoking cessation course must sign this form. If the member is under 18 years old, the form must be signed by the parent or guardian who is enrolled in Sharp Health Plan.
4. Send this completed form and a receipt from the smoking cessation course, including date of course to Sharp Health Plan. Keep copies of all items sent to Sharp Health Plan.
5. Fax or mail the form and receipt to:

Sharp Health Plan
Attn: Customer Care
8520 Tech Way, Suite 200
San Diego, CA 92123
Tel (855) 995-5004
Fax (619) 740-8571

MEMBER INFORMATION - Complete this section for all reimbursement requests.

LAST NAME		FIRST NAME	
STREET ADDRESS			CITY
STATE	ZIP CODE	PHONE NUMBER	
DATE OF BIRTH		SHARP HEALTH PLAN ID #	

PARENT/GUARDIAN ENROLLED IN SHARP HEALTH PLAN - Complete this section if the member is under 18 years old.

LAST NAME		FIRST NAME	
STREET ADDRESS			CITY
STATE	ZIP CODE	PHONE NUMBER	
DATE OF BIRTH		SHARP HEALTH PLAN MEMBER ID #	

CERTIFICATION STATEMENT - Read, sign and date.

I certify that the above information is true and the attached material is correct and unaltered and that the expenses were incurred by the patient named above. I understand all documents submitted become the property of Sharp Health Plan and will not be returned. I understand that if I submit false receipts or fraudulently altered documents, I may be disenrolled from Sharp Health Plan and/or subject to civil or criminal penalties. I authorize the release of any information needed to review or process this request.

MEMBER'S SIGNATURE (PARENT/GUARDIAN IF CHILD) DATE

SHARP HEALTH PLAN USE ONLY	CSR NO.

(07/10)