FLORIDA HOSPITAL CARE ADVANTAGE
Health First Health Plans

6450 US Highway 1
Rockledge, Florida 32955
myFHCA.org

Member Reimbursement Form

Attention Plan Members: This form is to be used for reimbursement of covered services provided in accordance with your Florida Hospital Care Advantage benefits. **Please include an itemized statement and proof of payment with the completed reimbursement form.**

Member Name *(please print)*: _____ **Member ID #**_____

Member Address: _____

_____

Signature: _____ **Date:** _____

Must be signed by member or member's authorized representative. If signed by authorized representative, provide the following information:

Name: _____

Address: _____

Phone Number: (_____) _____ - _____ **Relationship to Member:** _____

Date of Service	Procedure Code *(if available)*	Description of Services	Diagnosis Code *(if available)*	Billed Amount

By submitting this Member Reimbursement Form, I (member named above) certify that I personally received these services and **request reimbursement according to my plan benefits.**

Please fax or mail the signed and completed form, or submit it online:

FAX: 321.434.5655 (Attn: Benefits Reimbursement Unit)
MAIL: Benefits Reimbursement Unit, Florida Hospital Care Advantage, 6450 US Hwy. 1, Rockledge, FL 32955
MEMBER PORTAL: myFHCA.org/myportal

For further assistance, please call Customer Service toll-free at 1.855.882.6467 (TTY/TDD relay: 1.800.955.8771) weekdays from 8 a.m. to 8 p.m. and Saturdays from 8 a.m. to noon. From October 1 to February 14, we're available seven days a week from 8 a.m. to 8 p.m.

Florida Hospital Care Advantage is administered by Health First Health Plans. Health First Health Plans is an HMO plan with a Medicare contract. Enrollment in Health First Health Plans depends on contract renewal.

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