



210 Park Ave. | Suite 2900 | Oklahoma City, OK 73102-5621

Out-Of-Pocket Expense Credit Form And Instructions

What is this form used for?

If you are a GlobalHealth State of Oklahoma member, this form is used to request credit towards your deductible and/or annual out-of-pocket maximum when you pay a health care provider directly instead of using your insurance. Under a new Oklahoma law, if you negotiate and pay a lower price for a covered health care service than the average allowed amount GlobalHealth would pay for that service, you may still receive credit for that amount.

You must submit documentation showing the services received, the provider of the service, and the amount you paid. If approved, the amount you paid will be applied to your in-network or out-of-network deductible and out-of-pocket maximum, up to but not exceeding the applicable maximum based on the provider's network status.

This process helps ensure your covered medical expenses count towards your plan benefits even when insurance is not used at the time of service.

When can you use this form?

- You have paid a provider directly for medically necessary covered services and did not use your insurance (GlobalHealth).
- Your provider does not submit a claim to GlobalHealth to seek reimbursement.
- The amount you paid your provider is less than the average allowed amount that GlobalHealth pays for that covered service.
- You complete this form in its entirety and submit it to GlobalHealth with an itemized receipt and proof of payment.

How can I request out-of-pocket expense credits?

Step 1: You visit a provider and pay them an agreed amount for your care. You can request GlobalHealth to provide you with the rates that we have agreed to pay the provider (contractual rate) for in-network providers.

- Please contact GlobalHealth before you receive your service to make sure:
 - The provider is in-network and what their contracted rate is with GlobalHealth.
 - You receive prior authorization (Pre-certification) from GlobalHealth if the service requires it.

Step 2: Complete all areas of the claim form before returning the claim to us. Please collect and submit as much information as you can to avoid any delays in processing your request. Use a separate form for each claim.

Step 3: Include any supporting documents to support your request, including but not limited to:

- The itemized bill you received from your doctor.
- Any receipts of services.
- Diagnosis or Procedure codes.
- Proof of payment.

Step 4: Sign and date the claim form.

Step 5: Recheck **all** information and make a copy of this submission.

Step 6: Submit this form along with a copy of your itemized bill to:

GlobalHealth, Inc.

Attn: Claims Department

P.O. Box 2718

Oklahoma City, OK 73101

Or you can send the documents electronically at: claimsprocessing@globalhealth.com

Step 7: Once we receive your claim form and all necessary documentation, we will review your claim and check the amount you paid to make sure it meets the requirements.

Step 8: If your claim meets the requirements, we will credit your out of pocket towards the maximum out-of-pocket limit for the year the services were rendered.

What are the next steps?

When we receive your request, we will let you know if we need any additional information from you. Otherwise, we will consider your request and make a coverage decision. If we decide that the medical care is not covered, or you did not follow all the rules, we will not apply this towards your out-of-pocket maximum. You will receive detailed Explanation of Benefits (EOB) explaining the outcome of your claim within 30 days from the date GlobalHealth receives this form.

Have any questions or need help submitting this form? Give us a call at the Member services number listed on your ID card.

Member Claim Form For Out-Of-Pocket Expense Credit

Please refer to your Member Handbook for your covered services. Please send the receipt(s) or Itemized bill(s) and any supporting documents along with this form. Make a copy of your claim submission for your records and allow 30 days for GlobalHealth to process your request. Cash register and credit card receipts alone are not acceptable as proof of purchase. Forms without the required information will not be processed. All requests must meet the Plan's coverage and eligibility requirements to be credited.

Who is making this request? Member ☐ Appointed Representative ☐

Appointed Representatives: Please include a signed Appointment of Representative form (CMS1696) or equivalent notice. You can request a copy of the AOR form by calling Customer Care.

SECTION 1 – PATIENT INFORMATION

Patient's Name as shown on your ID card:			
Date of Birth (mm/dd/yyyy): / /		Member ID Number:	
Street Address (include Apartment Number):			
City:	State:	Zip Code:	Telephone:

SECTION 2 – Required attestations from you and provider of service. (Must check)

- ☐ Provider is aware that they cannot bill the Plan for the same service and agreed that payment you made to the provider is payment in full.
- ☐ Provider has agreed that they must not bill you or the benefit plan for any balance between the amount collected from you and the billed charge for the service by the provider.

SECTION 3 – PROVIDER OF SERVICE (Please provide as much information as you can. You may need to ask.)

Facility or Provider Name:			
NPI # (If Known)		Tax Id Number (If Known):	
Provider Address:			
City:	State:	Zip Code:	
Telephone			

SECTION 4 – INFORMATION ABOUT SERVICES FURNISHED

Date of Service:	
Service Codes (Diagnosis, CPT or HCPCS Codes, if known):	
Service Description:	
Charge of Service:	Amount you paid:

I understand that this request is to apply the amount I paid out of pocket towards my out-of-pocket maximum for this service year and I am not seeking reimbursement for these services from the Plan. GlobalHealth may contact your provider to request additional information, and I authorize my provider to release any information needed for this request to GlobalHealth, Inc.

Signature of Patient:	Date Signed:
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