

## Member Claim Submission Form

### Important information

To be considered a valid claim, submit your receipt or itemized statement along with this completed claim form containing the required information. Please refer to item #6 on the next page of this form for the items required for claim submission. If sufficient documentation is not received, the claim will not be processed. Please staple the itemized statement or receipt to the next page of this form.

For the quickest filing, we recommend submitting this claim via our online tool. To do so, sign in to your member account at [geha.com](https://geha.com). Choose **Claims** and select **Submit a claim**. On the next screen, select **Submit an online claim**. You can also submit your claim from our GEHA app. To download the app, go to your app store or scan the QR code here. Other options for submission are listed on the back of this form.



### Personal information

GEHA plan name _____		Plan group number _____	
Name of subscriber _____		Member ID _____	
Patient name _____		Date of birth (mm/dd/yyyy) ____/____/____	
Subscriber phone number and/or email address _____			
Issue payment to	Member	Provider	Date of service (mm/dd/yyyy) ____/____/____
Facility name _____		Provider tax ID# 9 digits (USA only) _____	
Provider name _____		(Required field - Please contact your provider if missing this information)	
Provider address _____			

Type of service	Check all that apply. NOTE: All service types may not be covered under your plan.			
Medical	Office visit Immunization Prescription	Flu shot Durable medical equipment Behavioral health	Breast pump Substance use	Lab X-ray Other (complete below)
Service provided in foreign country	Office visit Lab Other _____	Hospital X-ray	Emergency Prescription	
	Country _____	Charge in USD \$ _____	Diagnosis _____	

If you checked Other, please complete the information below. Use the space to briefly describe services rendered.

Example - Wellness/Gym Membership, Acupuncture, Doula claims. **All service types may not be covered under your plan.**

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(See next page for complete filing instructions)

## Filing your claim is easy. Please review these important tips.

- 1 Use this form to file a claim for any eligible medical expense when your physician or other provider does not file a claim. If completing manually, please print clearly with black ink, completing all required fields.
- 2 Attach your itemized statement (*or fully legible copy of the bill*) to the back of this form. Make sure to include the total charge, amount paid and balance due. Keep a copy for your records. Please use a separate claim form for each health care professional and for each family member.
- 3 See your GEHA ID card for:
  - Name of plan
  - Plan group number
  - Name of member (*as it appears on the ID card*)
- 4 Patient name and date of birth must match GEHA's eligibility file. *Example* - If your name was Eugene Smith on your enrollment form, claim must state Eugene, not Gene.
- 5 Name, address and tax ID number of the provider of service is required. If the provider's tax ID number (*9-digit number*) is not on your copy of the receipt, you can contact their office to obtain it.
- 6 To be considered a valid claim (*with the exception of gym memberships*), your bill should include the following information:
  - Patient name
  - Date of service and place of service
  - CPT code(s)/description of service (*such as office visit, injection*) and days/units
  - Diagnosis (*type of illness or injury*)
  - A charge for each service
  - Name, address and tax ID number of the provider (*required field for services rendered in the U.S. or U.S. territories*)
- 7 If your plan covers gym memberships or other services not considered traditional medical expenses, the information needed to file a claim can vary. Date of service and diagnosis may not apply.
- 8 Balance due statements are not valid claims. See above for information needed to constitute a valid claim.
- 9 Your submission will be scanned. Staple any attachments to the back of the claim form, not the front. Additionally, please indicate the member ID number on any attachments, should paperwork be separated from the claim form.
- 10 Claim address listed on the bottom of the claim form is for member use only; providers should bill to the address on the member ID card. This fax number also supports international faxing.
- 11 Only prescriptions/drug charges that are allowable under your GEHA medical plan should be submitted on this form.
- 12 Foreign claims: Please complete all the fields including type of service, date of service, country, charges in U.S. dollars (*please provide a receipt of payment in U.S. dollars*), and the diagnosis code or diagnosis description. If translation is needed to complete the processing of your claim, it may delay processing. Any information that is able to be provided in English will expedite processing.

**In lieu of submitting online or via our GEHA app, you may submit your claim by one of the following methods:**

Email a PDF of your claim and documents to:  
**[GEHA-ClaimSubmission@mygeha.com](mailto:GEHA-ClaimSubmission@mygeha.com)**

Fax:  
**866.953.7594**

Mail:  
**GEHA, P.O. Box 21172  
Eagan, MN 55121**