Expanded Benefits (EB) Reimbursement Form

This form must be submitted within six (6) months from the date services were received in order to be considered for reimbursement.

Step 1: Member information

1. Your Humana ID (HUMID) number is on your member ID card
2. All boxes must be filled out
3. Please submit (1) form per member

Member name	HUMID (Humana ID)	Medicaid ID
Member phone number	Address	
City	State	ZIP Code
Signature	Print name of guardian or responsible party (minors only)	

Step 2: Receipt information

1. Include copies of the original receipt(s) **and** proof of payment for each benefit. Tape receipts to a separate page and submit with this reimbursement form.
2. If you are submitting more than two (2) benefits, please provide required information on an additional piece of paper.
3. Receipt(s) must include breakdown of all purchased items. If your receipt(s) is missing any of this information, please ask the company for a print out that includes the breakdown of information.
4. Remember to keep a copy of the completed claim form and receipt(s) for your records.

Benefit used	Date services received
Company providing service	
Company address	

City	State	ZIP Code
Receipt(s) included ☐ Yes ☐ No	Comments	

Humana
Healthy Horizons®
in Louisiana

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Benefit used		Date services received
Company providing service		
Company address		
City	**State**	**Zip Code**
Receipt(s) included ☐ Yes ☐ no	**Comments**	

Step 3: Submit with signature

- You will have six (6) months from the date services were received to submit for reimbursement.
- Once all sections of this form are completed, please sign and date. Your signature states that you agree all information on this form and the attached receipt(s) submitted is correct.

A decision on your reimbursement request will be made within ninety (90) days of receiving the completed form and receipt(s).

Any additional services received that go over the approved expanded benefit(s) will be the responsibility of the member.

For fastest consideration, return this completed form via email or fax with all copies of original receipt(s) to:

Email: **LAMCDSDOH@humana.com**
Fax: **1-833-982-0052**

Mailing Address:

Humana Expanded Benefits c/o Expanded Benefits Administrator
P.O. Box 3114
Louisville, KY 40201

Please see the benefits section of the Member Handbook for the benefits that can be considered for reimbursement. Your Member Handbook can be found at Humana.com/LouisianaMemberHandbook.

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Auxiliary aids and services, free of charge, are available to you. **1-800-448-3810 (TTY: 711)**, Monday through Friday, from 7:00 a.m. to 7:00 p.m.

Humana Inc. and its subsidiaries comply with Section 1557 by providing free auxiliary aids and services to people with disabilities when auxiliary aids and services are necessary to ensure an equal opportunity to participate. Services include qualified sign language interpreters, video remote interpretation, and written information in other formats.

English: Call the number above to receive free language assistance services.

Español (Spanish): Llame al número que se indica arriba para recibir servicios gratuitos de asistencia lingüística.

Français (French): Appelez le numéro ci-dessus pour recevoir des services gratuits d'assistance linguistique.

Tiếng Việt (Vietnamese): Gọi số điện thoại ở trên để nhận các dịch vụ hỗ trợ ngôn ngữ miễn phí.

繁體中文 (Chinese): 您可以撥打上面的電話號碼以獲得免費的語言協助服務。

العربية (Arabic): اتصل برقم الهاتف أعلاه للحصول على خدمات المساعدة اللغوية المجانية.

Tagalog (Tagalog – Filipino): Tawagan ang numero sa itaas para makatanggap ng mga libreng serbisyo sa tulong sa wika.

한국어 (Korean): 무료 언어 지원 서비스를 받으려면 위 번호로 전화하십시오.

Português (Portuguese): Ligue para o número acima para receber serviços gratuitos de assistência no idioma.

ພາສາລາວ (Lao): ໂທຫາເບີໂທລະສັບຂ້າງເທິງ ເພື່ອຮັບບໍລິການຊ່ວຍເຫຼືອດ້ານພາສາຟຣີ.

日本語 (Japanese): 無料の言語支援サービスを受けるには、上記の番号までお電話ください。

اُردُو (Urdu): مفت لسانی اعانت کی خدمات موصول کرنے کے لیے درج بالا نمبر پر کال کریں۔

Deutsch (German): Wählen Sie die oben angegebene Nummer, um kostenlose sprachliche Hilfsdienstleistungen zu erhalten.

فارسی (Farsi): برای دریافت تسهیلات زبانی بصورت رایگان با شماره فوق تماس بگیرید.

Русский (Russian): Позвоните по вышеуказанному номеру, чтобы получить бесплатную языковую поддержку.

ภาษาไทย (Thai): โทรไปที่หมายเลขด้านบนเพื่อรับบริการช่วยเหลือด้านภาษาฟรี

This notice is available at **Humana.com/LouisianaDocuments**.

Humana Healthy Horizons in Louisiana is a Medicaid product of Humana Health Benefit Plan of Louisiana Inc.