

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: Enrollee information

1. Your Humana ID (HUMID) Number is on your Enrollee ID Card
2. All boxes must be filled out
3. Please submit (1) form per enrollee

Enrollee Name	HUMID (Humana ID)	Medicaid ID
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	Comments	
Yes No		

Expanded Benefits (EB) Reimbursement Form

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 enrollee.

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

Email: OHMCDYouthRec@humana.com

Fax: 614-369-3902

Mailing Address:

Humana Member Experience
P.O. Box 14225
Louisville, KY 40512

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

To help you understand this notice, language assistance, interpretation services, and auxiliary aids and services are available at no cost to you. Services include, but are not limited to: oral translation, written translation and auxiliary aids. You can request these by calling **877-856-5702 (TTY: 711)**, Monday through Friday, 7 a.m. to 8 p.m., Eastern time.

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.

French Creole (Haitian Creole): Kreyòl Ayisyen (French Creole) Rele nimewo ki e dike anwo a pou resevwa sèvis éd gratis nan lang.

Українська (Ukrainian): Зателефонуйте за вказаним вище номером для отримання безкоштовної мовної підтримки.

नेपाली (Nepali): निःशुल्क भाषासम्बन्धी सहयोग सेवाहरू प्राप्त गर्नका लागि माथिको नम्बरमा फोन गर्नुहोस्।

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

Soomaali (Somali): Wac lambarka kore si aad u hesho adeegyada caawimaada luuqada oo bilaash ah.

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

Kiswahili (Swahili): Piga simu kwa nambari iliyo hapo juu ili upate huduma za usaidizi wa lugha bila malipo.

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

Kinyarwanda (Burundi): Hamagara nomero yatanzwe haruguru kugira ngo uhabwe serivisi z'ubufasha bw'indimi ku buntu.

O'zbekcha (Uzbek): Til yuzasidan bepul yordam olish uchun yuqoridagi raqamga qo'ng'iroq qiling.

پشتو (Pashtu): د وړيا ژبې ملاتړ ترلاسه کولو لپاره پورته شميرې ته زنگ ووهئ.

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

ትግርኛ (Tigrinya):- ነፃ ናይ ቋንቋ ሓገዝ ኣገልግሎት ንምርካብ በዚ ኣብ ላዕሊ ዘሎ ቁፅሪ ይደውሉ።

دری (Dari): برای دریافت خدمات رایگان کمک زبانی با شماره بالا تماس بگیرید.

This notice is available at [Humana.com/OhioDocuments](https://www.humana.com/OhioDocuments).

Humana Healthy Horizons in Ohio is a Medicaid Product of Humana Health Plan of Ohio, Inc.

OHHMQVPEN_0725_Approved