

GeoBlue® Third-Party Reimbursement Form



I, (Insured Member's Name) _____, the signatory, Member ID (Please enter member ID as shown on your ID card) _____, request and authorize Worldwide Insurance Services, LLC ("GeoBlue" or the "Health Plan"), to reimburse the "Recipient" located at the "Recipient's Address" listed below for covered healthcare services I received on (MM/DD/YYYY) _____ from (Provider or Facility) _____.

Name of Recipient: _____

Recipient's Address: _____

I understand I am financially responsible for and agree to pay all charges not payable by my Health Plan, including deductibles, co-insurance and otherwise. I hereby authorize (Name of Recipient) _____ to receive all plan documents and insurance policy information upon written request to claim reimbursement.

I understand that this Third-Party Reimbursement Form is voluntary, and any accompanying documentation could contain either, or both, federal and state Protected Health Information (PHI) and other protected private or financial information. PHI includes individually identifiable health data, including but not limited to, my name, address, and specific medical information and facts.

The Health Plan also maintains information that may include eligibility, benefits, claims, and/or payment information. I understand and authorize the Health Plan to release all pertinent information, including the PHI and/or financial information concerning the provision of this payment.

This authorization has limited application to the referenced circumstance specified herein and will remain effective until the payment to and acceptance by (Name of Recipient) _____.

Member Signature: _____

Date: _____

I affirm I am legally capable of signing this document on my own behalf or have provided the witnessed signature of a parent or legal guardian below.

Parent or Legal Guardian: _____

Witness: _____

Date: _____



Please submit the completed form to your GeoBlue point of contact or email the form to **customerservice@geo-blue.com**. For questions, please call the member services phone number listed on the back of your ID card.