



Direct Member and Enrollee Reimbursement Form

Please use this form each time you submit claims to us for review and payment. Complete one form per family member. Keep a copy of all receipts and documents for your records. Please allow **30 days** for processing. Any missing information will cause a delay in processing your claim.

Step 1: Member information: (Please print)

Patient name: _____

ID number: _____

Address: _____

City, State, ZIP: _____

Date of birth: _____

Contact Number: _____

Step 2: Submission information:

- a. Attach the itemized bill or statement that includes:
 - Patient's name
 - Date of service
 - Dollar amount charged for each service
 - Procedure and diagnosis codes
 - Provider's name, address, and Phone number
 - Provider's tax identification number and NPI (contact your provider's office for this information)
- b. Attach the proof of payment for example, credit card/digital payment receipt, banking statement, or canceled check.
- c. Request must be received within **one year from the date of service**. If not, it will not be considered for processing.

Step 3: Sign:

Required: You must sign or have your legally authorized personal representative do so. Personal representative must include the correct legal documentation.

Step 4: Send to:

HAP Claims Division
Member Reimbursement
2850 West Grand Boulevard
Detroit, MI 48202

If you have questions, call our Customer Service team at the number on your ID card. Or dial 711 for TTY service.

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Health Alliance Plan (HAP) has HMO, HMO-POS, PPO plans with Medicare contracts. HAP Medicare Complete Duals (HO D-SNP) and HAP Empowered MI Health Link are Medicare health plans with a Medicare contract and a contract with the Michigan Medicaid Program, to provide benefits of both programs to enrollees. Enrollment depends on contract renewals. HAP Empowered Health Plan, Inc., a Michigan Medicaid Health Plan, is a wholly owned subsidiary of Health Alliance Plan of Michigan (HAP). It is a Michigan nonprofit, taxable corporation.

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0033_ Drct Mbr and Enrollee Reimburse Form	HAP32552 – 12/28/2022
Y0076_ Drct Mbr and Enrollee Reimburse Form	HAP32552 – 02/27/2023
H9712_ Drct Mbr and Enrollee Reimburse Form	HAP32552 – 01/10/2023
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